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Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

January 6, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING DECEMBER 16, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) Status report on California Pacific Medical Center's compliance to Health Commission policy on ethnicity, gender, and sexual orientation of staff and Board.

(3.2) Status report on Seneca's compliance to Health Commission policy on ethnicity, gender, and sexual orientation of staff and Board.

(3.3) **PH-CHP&P - Maternal, Child, Adolescent Health -** Request for approval of a resolution authorizing the Department of Public Health, Maternal, Child, Adolescent Health, to accept and expend a new three year grant in the amount of $941,008 from the California Department of Social Services, Office of Child Abuse Prevention, for the period of January 1, 1998 through December 31, 2000, to improve the health and developmental outcomes for African American infants and families in the Southeast sector of San Francisco, and sole source approval for three new contracts, one with C.A.H.E.E.D., in the amount of $428,425, one with Jelani House in the amount of $65,000, and one

with Polaris, in the amount of $133,350, to provide outreach, education, child care and substance abuse treatment services for the period of January 1, 1998 through December 31, 2000.

(3.4) **PH-CHP&P - AIDS Office -** Retroactive modification to a contract with Stop AIDS Project in the amount of $135,000 for the provision of condom distribution services for the period of July 1, 1997 through June 30, 1998. This modification will bring the total contract amount to $150,000. (DPH contracted with Stop AIDS Project for services totaling $937,172 during FY 1996-97).

(3.5) **CHN -** New contract with Asereth Medical Services, Inc. for the provision of temporary pharmacy personnel services, in an amount not to exceed $165,000 per year for the period of February 1, 1998 through January 31, 2000.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **CONSIDERATION OF A RESOLUTION INITIATING A MANAGEMENT INTERNSHIP WITH THE COMMUNITY HEALTH NETWORK (CHN)**

6) **UPDATE ON THE STATE'S IMPLEMENTATION OF HEALTHY FAMILIES AND CONSIDERATION OF A RESOLUTION REGARDING PROGRAMMATIC AND OPERATIONAL COMPONENTS OF THE CALIFORNIA HEALTHY FAMILIES PROGRAM**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION.

UNLITIGATED CLAIM BY CLAYTON ENVIRONMENTAL, INC. FOR $13,742 FOR BREACH OF CONTRACT

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 6, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President. Lee Ann Monfredini, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 16, 1997

Action Taken: The Commission unanimously adopted the minutes of December 16, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Status report on California Pacific Medical Center's compliance to Health Commission policy on ethnicity, gender, and sexual orientation of staff and Board.

Commissioner Monfredini abstained on this item due to conflict of interest.

Sara Kelly of CPMC provided a copy of a CPMC Board resolution approving changes to the bylaws. This resolution is expected to be approved by the corporate Sutter Health Board. Additionally, she reported the formation of an internal CPMC Diversity Task Force.

Commissioner Barnes commended CPMC for its concrete action plan.

Commissioner Sanchez supported the concept of the Diversity Task Force.

(3.2) Status report on Seneca's compliance to Health Commission policy on ethnicity, gender, and sexual orientation of staff and Board.

The Seneca Director reported the progress on staff diversity and its plans to add a minority to its Board.

Commissioner Monfredini encouraged the agency to consider increasing its Board membership by changing its bylaws.

Commissioner Barnes encouraged the possibility of term limits for Board members. Commissioner Barnes noted that this contract expires on June 30, 1998 and encouraged the Department to bring the renewal of the contract in a timely fashion.

(3.3) **PH-CHP & P - Maternal, Child, Adolescent Health -** Request for approval of a resolution authorizing the Department of Public Health, Maternal, Child, Adolescent Health, to accept and expend a new three year grant in the amount of $941,008 from the California Department of Social Services, Office of Child Abuse Prevention, for the period of January 1, 1998 through December 31, 2000, to improve the health and developmental outcomes for African American infants and families in the Southeast sector of San Francisco, and sole source approval for three new contracts, one with C.A.H.E.E.D. in the amount of $428,425; one with Jelani House in the amount of $65,000; and one with Polaris in the amount of $133,350, to provide outreach, education, child care and substance abuse treatment services for the period of January 1, 1998 through December 31, 2000.

Commissioner Monfredini requested C.A.H.E.E.D. consider increasing its Board membership.

(3.4) **PH-CHP & P - AIDS Office -** Retroactive modification to a contract with Stop AIDS Project in the amount of $135,000, for the provision of condom distribution services for the period of July 1, 1997 through June 30, 1998. This modification will bring the total contract amount to $150,000. (DPH contracted with Stop AIDS Project for services totaling $937,172 during FY 1996-97).

(3.5) **CHN -** New contract with Asereth Medical Services, Inc. for the provision of temporary pharmacy personnel services, in an amount not to exceed $165,000 per year for the period of February 1, 1998 through January 31, 2000.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Monfredini abstaining on #3.1.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Prenatal Care for Undocumented Residents

On December 19, 1997, an Alameda County Superior Court judge ruled in the Yvette Doe v. Belshe case that the State cannot implement its regulations terminating funds for prenatal care to "not qualified" immigrants until the U.S. Attorney General instructs States on how to verify immigration status. The Balanced Budget Act of 1997 requires the Attorney General to issue regulations with procedures for verifying eligibility for State public benefits. The Court held that the State cannot make up its own procedures, but must wait for the Federal regulations to be issued. The Court also found that the State's regulations were flawed because they did not examine the potential impact of the regulations on small businesses such as health clinics.

This ruling could delay the implementation of State funding cuts for several months or longer. The implementation of cuts had been scheduled to take effect January 1, 1998 for new applicants and February 1, 1998 for current recipients. The Governor is expected to appeal the ruling.

COMMUNITY HEALTH NETWORK

Resignation

I regret to announce that Peter Praetz has resigned from his position as Chief Finance Officer for SFGH effective January 9, 1998. Peter began his tenure as the Hospital Controller in 1991 and for the past five years has provided outstanding leadership and dedication as CFO with oversight for Human Resources, Information Systems, Medical Records, Materials Management, Business Office, Budget and Finance. We wish him the best in his new position as the Chief Financial Officer for Alameda County Medical Center.

New Director of Rehabilitation Named at SFGH

Dr. Ward Gypson comes to SFGH from Kaiser Foundation Rehabilitation Center in Vallejo, where he was previously the Medical Director of Physical Medicine and Rehabilitation. He was also Medical Director of Rehabilitation Services at John Muir Medical Center in Walnut Creek, and an Associate Clinical Professor at UC Davis Medical Center. Dr. Gypson received his medical training at New York Medical College. He came to California for his internship and residency in Physical Medicine and Rehabilitation at the University of California Irvine Medical Center. Dr. Gypson has a special interest in alternative medicine and chronic pain management. As the Rehabilitation Medical Director, Dr. Gypson will direct and coordinate rehabilitation activities and is responsible for the medical care of patients and patient care programs in the Rehabilitation Department.

Investigation into Outpatient Physician Billing Practices

On December 4, 1997, SFGH was informed that it is being investigated for billing practices as they relate to State and Federal health care programs, such as Medicare and Medi-Cal. Of particular interest is whether the outpatient physician services were reasonable, allowable, and documented. The investigation is being conducted by the Attorney General of the State of California, the U.S. Department of Justice, and the U.S. Department of Health and Human Services, Office of Inspector General. The investigators already know that the billing practices are complicated by the involvement of multiple entities, namely CCSF, UCSF, and the CPG. Their first step has been a document request dating back to 1994 to enable them to gain a better understanding of the complex nature of the relationship between these entities.

A Physician Billing Compliance Committee will be formed to oversee the response to the investigators and to ensure full compliance. Communication with the investigators and the response to the document request will be coordinated by Kathy Murphy in the City

Hospital Diversion

Hospital Diversion continued high during the month of December 1997. The Department's EMS Section spoke to the State EMS Authority and was informed other counties experienced similar extreme difficulties with diversion last month. This holiday phenomenon also occurred in Sacramento, Los Angeles, San Diego, San Bernardino, and Imperial Counties. State EMS has agreed to take the lead in working with the impacted Counties and other State agencies to look at this issue from a statewide perspective.

In San Francisco, the system-wide Critical Care (CC) Diversion Rate was 16.52%, an increase from 7.86% the month before. CC Diversion was suspended four times during December. Three hospitals in the system had a greater than 20% Critical Care Diversion Rate for December, and three hospitals had a greater than 10% CC Diversion Rate for the year. The rate of Total Hospital Diversion increased to 5.66% in December from 3.41% the month before. There were two instances when Total Diversion was suspended by the Director because five or more system receiving hospitals were on total diversion.

San Francisco General Hospital's CC Diversion for the month of December was 47.17%, November's CC diversion rate was 5%. CC diversion for 1997 averaged 10% compared to 12.7% for 1996. December's SFGH Emergency Department diversion was 4%, compared to 6% in November. The average for 1997 was 4.23%.

Factors explaining the most recent high diversion rates are listed in the EMS Section Action Plan presented at the December 16, 1997 meeting of the Health Commission. The Section in cooperation with the Hospital Council continues to implement the Action Plan and will report back to the Health Commission on February 17.

PUBLIC HEALTH

Bayview Hunters Point Fire Emergency Response

On December 13, 1997, a tragic fire broke out at the Bayview Hunters Point Public Housing Project killing one adult and five children. The Bayview Hunters Point Foundation, Comprehensive Child Crisis Services, Foster Care Mental Health Program and CMHS administrative staff provided outreach and crisis counseling services to project residents. The San Francisco Housing Authority staff would like to develop an ongoing relationship with CMHS for the provision of disaster mental health services.

No Smoking in Bars

As the Commission members are undoubtedly aware, California's no-smoking-in-bars law went into effect on January 1, 1998. The Department's Environmental Health Section has been responding to an onslaught of calls from the media. On a national level, Tom Rivard, Senior Health Inspector, appeared last week on "Good Morning America" and the "Today" show. Closer to home, he has covered "Mornings on 2," "Michael Krasny's KQED Forum" and a variety of other local network stations. The media has focused on the Department's enforcement efforts and the spirit of compliance on the part of patrons and bar owners/managers.

As we experienced when the no-smoking ban first appeared in restaurants, we anticipate good compliance on the part of the public and will work with those establishments who need assistance in preparing their facilities, employees and patrons for this final phase-in of California's smoke-free workplace law.

5) CONSIDERATION OF A RESOLUTION INITIATING A MANAGEMENT INTERNSHIP WITH THE COMMUNITY HEALTH NETWORK (CHN)

Richard Cordova, Executive Administrator of the Community Health Network, presented the concept for a management internship program with the following objectives:

- Build a bridge between academic theory and actual practice
- Expose talented individuals to the mission and philosophy of the DPH/CHN
- Provide opportunities for senior managers of the CHN to develop and execute teaching and mentoring skills
- Attract minority managers into the CHN

The structure of the program includes:

- One year structured, preceptor-directed program
- Orientation to the network
- Rotations throughout the network
- The interns will be assigned to senior managers and carry out assignments for specific programs
- Interns will have an opportunity to network with various professional associations
- A stipend of approximately $25,000 will be provided
- The interns as a group will conduct a major research project for the year
- There is no guarantee of full time employment after the one year fellowship program

Action Taken: The Commission unanimously adopted Resolution #1-98, "Endorsing the Department of Public Health's Initiation of a Management Internship Program at the Community Health Network (CHN),") (Attachment A).

6) UPDATE ON THE STATE'S IMPLEMENTATION OF HEALTHY FAMILIES AND CONSIDERATION OF A RESOLUTION REGARDING PROGRAMMATIC AND OPERATIONAL COMPONENTS OF THE CALIFORNIA HEALTHY FAMILIES PROGRAM

Tangerine Brigham, Director of Policy and Planning, presented an update on the State's Healthy Families Program. For a copy of full report, contact the Commission Office at 554-2666.

Ms. Brigham also requested the Commission to consider a proposed resolution on certain programmatic, operational, and policy components of the Healthy Families Program.

The California Managed Risk Medical Insurance Board (MRMIB) is responsible for administering the Healthy Families Program and developing regulations. Ms. Brigham reported the status of the regulations (Attachment B).

Action Taken: The Commission unanimously adopted Resolution #2-98, "Urging Recommendations for Programmatic and Operational Components of the California Healthy Families Program," (Attachment C).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission unanimously voted to hold a Closed Session.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION.

UNLITIGATED CLAIM BY CLAYTON ENVIRONMENTAL, INC. FOR $13,742 FOR BREACH OF CONTRACT

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission unanimously approved the settlement of $13,742 for breach of contract to Clayton Environmental, Inc.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission unanimously voted not to disclose any discussions held in Closed Session.

Commissioner Guy requested information presented under #3.1 and #3.2.

Commissioner Barnes requested the Deputy City Attorney Jean Fraser to research the question of whether non-profit organizations 501(c)(3) are required to have term limits for Board members.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-98

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH'S INITIATION OF A MANAGEMENT INTERNSHIP PROGRAM AT THE COMMUNITY HEALTH NETWORK (CHN)

WHEREAS, the mission of the Department of Public Health and the Community Health Network includes the teaching and the training of health professions; and,

WHEREAS, the Community Health Network (CHN) proposes to create a Management Internship Program for individuals who have completed their master program in Health Administration or a related field; and,

WHEREAS, this new CHN Management Internship Program will include experiences in all aspects of the integrated health delivery system; and,

WHEREAS, the diverse body of advanced degree prepared students from universities with healthcare management programs throughout the country includes many people who come from the communities served by the Department; and,

WHEREAS, the focus of recruitment will be to attract a diverse group of individuals to "renew our commitment" to minority recruitment; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby determine that the Community Health Network of San Francisco's Management Internship Program is consistent with the mission of the Department of Public Health; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco endorses the Department of Public Health's Management Internship Program of the Community Health Network of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at it's meeting of Tuesday, January 6, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Healthy Families Regulations

Over the last several weeks, the Managed Risk Medical Insurance Board (MRMIB) has been working to implement the Healthy Families Program (HFP). The first task has been for MRMIB to create and adopt regulations which: (1) define the intent of the program; (2) govern eligibility, application, and enrollment; (3) state the health, dental and vision benefits; (4) provide the health plan rate methodology and family contributions; and (5) describe payments for the California Health and Disability Prevention Program. MRMIB has sought significant public input on the draft regulations. MRMIB is scheduled to adopt the regulations at their January 15, 1998 meeting.

The Department has submitted written comments on various aspects of the regulations. We have created an internal work group to discuss the various programmatic and administrative issues surrounding implementation of the Healthy Families Program. The group is comprised of representatives from Central Administration, the Community Health Network (CHN) and the Public Health Division. In addition, each division is closely looking at specific issues within the implementation of the program that pertain to their services and programs. For example, the Community Health Network is particularly interested in being a provider for the program and working closely with the State contractor on education and outreach. The CHN has met with the San Francisco Health Plan, the San Francisco Community Clinic Consortium and others, on the implementation of Healthy Families.

The following are some of the key programmatic and operational issues which have surfaced in reviewing the proposed regulations:

- *Application Assistance Fee*: The proposed regulations indicate that an application assistance fee will be paid to persons or entities who assist applicants in completing the HFP application form. The $25 fee is only paid if the child is ultimately enrolled in the program. There are two unresolved issues surrounding this program feature: (1) who would be eligible to assist families in enrolling into the program; and (2) what compensation, if any, should be provided to those entities.

  Neither providers, county health departments nor health plans are eligible for the fee as currently stated in the regulations. In drafting and reviewing the regulations, MRMIB received considerable public input on the appropriateness of allowing providers, county health departments or health plans to assist in enrollment and collect a fee for doing so. There is concern that these entities will have a self-interest in making sure that an applicant selects a health plan they participate in or themselves as a provider. If this is the case, then whether an applicant made a neutral and unbiased choice is called into question.

  The Department appreciates this concern, however, the idea of providers (public, private and non-profit) not being allowed to assist in enrollment is counter to a State plan which sees Child Health and Disability Prevention CHDP (and its providers) as a "gateway" into Healthy Families. In addition, we believe that any person or entity which assists applicants in applying for the HFP must also be knowledgeable about other publicly funded health insurance programs (i.e., Medi-Cal, AIM, etc.). Providers have this knowledge and will be able to refer an applicant ineligible for Healthy Families to the appropriate program. The Department strongly believes that providers should be allowed to assist applicants in completing the Healthy Families Program application.

While the Department believes that providers should be allowed to assist in enrollment, we do not believe that providers (or any person or entities) should receive a fee for doing so. The Department believes that the risk of abuse or perceived abuse could endanger community efforts to get children covered under HFP and create a cloud of suspicion when money is exchanged for enrollment. However, we also understand that entities should receive some form of compensation for assisting families in completing the HFP application and in allocating staff for this purpose. Therefore, the Department favors having MRMIB use the funds for local competitive grants instead of for application assistance fees. Various local agencies could form coalitions to apply for the funding to assist in outreach and education. The coalitions would determine how best to use the funds given the particular needs of their community.

- *Special Needs Populations*: There has been significant discussion over the role that the California Children's Services (CCS) program and county mental health will play in Healthy Families. Under the program, children with CCS conditions will be referred to local CCS offices for medically necessary services and treatment. County mental health programs will continue to treat children with serious emotional disturbances. Counties will continue to receive funding for providing these services. This system is not unlike Medi-Cal managed care in which CCS is carved-out for physical health and mental health has an entirely different managed care program for Medi-Cal. Under the model contracts, health plans will be required to develop written procedures and protocols for identifying and referring children who may have a CCS eligible condition to the local CCS program or those who may have serious emotional disturbances to county mental health departments.

- *Public Health Linkages*: The State legislation and draft health plan contracts encourage health plans to create screening and referral protocols for children who need supplemental services. The arrangements may be with regional centers, local education agencies, alcohol and drug programs, local health departments and others. The Department strongly believes that health plans should be required to develop Memorandums of Understanding (MOUs) with local health departments for the provision of certain public health services. The goal of these MOUs would be to ensure that Healthy Families participants continue to have access to vital public health services as they are transitioned into this program. This was the same principle used for Medi-Cal managed care by the State Department of Health Services.

- *Safety Net and Traditional Provider/Community Provider Plan*: The definition of safety net and traditional providers is important for the Healthy Families Program because it will determine which plan qualifies as the "community provider plan." Under the State legislation, the community provider plan is the single designated health plan in a county with the highest percentage of traditional and safety net providers. The community provider plan will be able to offer families a discount on the monthly premium ($3 less per month). Because the HFP is designed for families at or below 200% of the federal poverty level, there is the perception that many will be very "price sensitive" and will naturally select the plan with the lower monthly premium.

As a result, several entities have asked for a broad definition of safety net and traditional provider to improve the chance of a health plan obtaining the community provider plan designation. The proposed regulations calculate the community provider plan based on the percentage of: (1) Child Health and Disability Prevention providers; (2) licensed community, licensed free or county-operated outpatient clinics; and (3) disproportionate share, University of California or Children's hospitals in a health plan.

The Department urged for a definition which would be based on the number of uninsured served by providers (the population served by the Healthy Families Program). In certain instances, the proposed MRMIB definition is not consistent with this (e.g., hospital calculation). We also believe that mere contracts with safety net providers do not provide adequate assurances that health plans actually utilize these providers. As you are aware, in San Francisco, the overwhelming number of Medi-Cal recipients who use safety net providers are part of the San Francisco Health Plan and not the commercial plan (Blue Cross). Given this, we firmly believe that a health plan's concentration of safety net providers must be based on actual utilization of those providers. We firmly believe that consumer choice is a critical program element for Healthy Families and believe that basing the safety net and traditional provider definition in the number of uninsured served does not inhibit consumer choice.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-98

URGING RECOMMENDATIONS FOR PROGRAMMATIC AND OPERATIONAL COMPONENTS OF THE CALIFORNIA HEALTHY FAMILIES PROGRAM

WHEREAS, the State of California has created the California Healthy Families Program to provide comprehensive health insurance coverage to all uninsured children under 200% of the federal poverty level who do not qualify for Medi-Cal; and,

WHEREAS, Healthy Families provides a unique opportunity to decrease the number of uninsured children in our State; and,

WHEREAS, the UCLA Center of Health Policy Research estimates that 562,000 children are eligible for Healthy Families statewide, and that 3,000 to 6,000 San Francisco children are eligible for the program in ten San Francisco zip codes with a disproportionate number of uninsured children; and,

WHEREAS, the California Managed Risk Medical Insurance Board (MRMIB) has been given responsibility to oversee the administration of the Healthy Families Program on the State level; and,

WHEREAS, the State legislation creating Healthy Families, Assembly Bill 1126 (Villaraigosa), does not allow either emancipated minors, minors living away from home or undocumented children to participate in the program; and,

WHEREAS, these children and youth require general medical care and may need specialized services such as family planning, sexually transmitted diseases, mental health, substance abuse and sexual assault services; and,

WHEREAS, Healthy Families is premised on providing health care coverage to children through commercial health, dental and vision plans; and,

WHEREAS, this principle may not fully recognize the historic contribution that safety net and traditional providers have played in delivering services to vulnerable, uninsured children; and,

WHEREAS, MRMIB has drafted proposed regulations for the Healthy Families Program which have a broad definition of safety net and traditional provider for the purposes of designating the community provider plan; and,

WHEREAS, the proposed Healthy Families regulations allow for an application fee of $25 to be paid to certain entities that assist families in enrolling their eligible children in the program; and,

WHEREAS, the State's plan indicates that the Child Health and Disability Program (and its providers) will be a "gateway" for the Healthy Families Program; and,

WHEREAS, the current regulations do not allow providers and County health departments to assist in the education and enrollment of children into Healthy Families or receive the application assistance fee; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-98 (Cont'd.)

WHEREAS, the Department of Public Health is concerned that the outreach and education component of Healthy Families may not be coordinated with the administration of the program given that two different State agencies -- the State Department of Health Services and the California Managed Risk Medical Insurance Board, respectively -- are responsible for these activities; and,

WHEREAS, the State legislation encourages health plans to create screening and referral protocols for children who need supplemental services; now, therefore, be it

RESOLVED, that the Health Commission strongly encourages MRMIB to seek a legislative amendment to Assembly Bill 1226 (Villaraigosa) which will allow emancipated minors and minors not living at home to receive services under Healthy Families; and, be it

FURTHER RESOLVED, that the Health Commission urges MRMIB to work with the State Department of Health Services and health advocacy organizations on the feasibility of serving undocumented, uninsured children through a State-only funded program; and, be it

FURTHER RESOLVED, that the Health Commission urges MRMIB to adopt a safety net and traditional provider definition for Healthy Families which is based on the number of uninsured served by providers and on the actual utilization of safety net and traditional providers in a health plan's network; and, be it

FURTHER RESOLVED, that the Health Commission urges MRMIB to revise the regulations to allow providers and County health departments to assist in the education and enrollment of children into Healthy Families and to prohibit any person or entity from receiving any compensation (an application assistance fee) for assisting with such enrollment; and, be it

FURTHER RESOLVED, that the Health Commission encourages MRMIB to use any funds designated for application assistance fees to create a competitive grants program whereby local agencies could form coalitions and apply for funding to assist in community outreach and education; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the State Department of Health Services to require the Medi-Cal/Healthy Families education and outreach contractor to utilize and subcontract with community-based organizations and public agencies (such as, social services, health and school districts) to develop locally-driven outreach plans specific to community needs; and, be it

FURTHER RESOLVED, that the Health Commission strongly endorses requiring health, dental and vision plans to develop Memorandums of Understanding with local health departments for the provision of certain public health services.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 6, 1998

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

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/20/98

AGENDA

HEALTH COMMISSION MEETING

January 20, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING JANUARY 6, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) PH-CHP&P-Perinatal - Contract extension and modification and sole source request in the amount of $74,000 with Polaris Research & Development for technical assistance, media and outreach services for the Perinatal Outreach and Education Project, for the period of January 1, 1998 through June 30, 1998. Total amount of contract, including this modification is $197,000 for the period of July 21, 1997 through June 30, 1998. (DPH contracted with Polaris for services totaling $781,093 during FY 1996-97).

(3.2) CHN-Facility Management - Contract extension and modification and sole source request in the amount of $25,000 with Kate Keating Associates, Inc. for signage design and consulting services for the Community Health Network for the period of January 1, 1998 through June 30, 1998. Total amount of contract, including this modification, is $74,000 for the period of June 16, 1997 through June 30, 1998. (DPH contracted with Kate Keating for services totaling $49,000 during FY 1996-97).

(3.3) CHN-LHH-Med. Services - Retroactive contract renewal and sole source request with the UCSF School of Nursing in the amount of $74,000, for the provision of primary care services by a gerontological nurse practitioner (GNP) and an equivalent advanced practice nurse or clinical nurse specialist (CNS) to participants in the Adult Day Health Care Center, for the period of October 1, 1997 through September 30, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **TIME SPECIFIC: 4:00 P .M.**

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE ON HEALTH CARE SERVICES OF THE COMMUNITY AT CHINESE HOSPITAL: RELOCATION OF THE CHINESE HOSPITAL OBSTETRICS SERVICE TO CALIFORNIA PACIFIC MEDICAL CENTER

7) **UPDATE OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL TASK FORCE WORK PLAN, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE DEVELOPMENT OF INITIATIVES FOR ASTHMA AND BREAST AND CERVICAL CANCER**

8) **CONSIDERATION OF A RESOLUTION FOR SAN FRANCISCO GENERAL HOSPITAL PROVIDING LEVEL I TRAUMA CARE FOR ADULTS AND CHILDREN WITHIN SAN MATEO COUNTY**

9) **CONSIDERATION OF A RESOLUTION FOR PROVIDING HEALTH INSURANCE TO IN-HOME SUPPORTIVE SERVICES (IHSS) WORKERS**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
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Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 20, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 6, 1998

Action Taken: The Commission unanimously adopted the minutes of January 6, 1998, with the correction that the meeting was called to order by President Edward A. Chow, M.D.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) PH-CHP&P-Perinatal - Contract extension and modification and sole source request in the amount of $74,000 with Polaris Research & Development for technical assistance, media and outreach services for the Perinatal Outreach and Education Project, for the period of January 1, 1998 through June 30, 1998. Total amount of contract, including this modification is $197,000 for the period of July 21, 1997 through June 30, 1998. (DPH contracted with Polaris for services totaling $781,093 during FY 1996-97).

A letter indicating intentions of the company to remain minority-owned was submitted to the Commission. Commissioners commented the plan was good and requested a written progress report be submitted to the Commission in six months (July 1998).

(3.2) ***CHN-Facility Management*** - Contract extension and modification and sole source request in the amount of $25,000 with Kate Keating Associates, Inc. for signage design and consulting services for the Community Health Network for the period of January 1, 1998 through June 30, 1998. Total amount of contract, including this modification, is $74,000 for the period of June 16, 1997 through June 30, 1998. (DPH contracted with Kate Keating for services totaling $49,000 during FY 1996-97).

(3.3) ***CHN-LHH-Med. Services*** - Retroactive contract renewal and sole source request with the UCSF School of Nursing in the amount of $74,000, for the provision of primary care services by a gerontological nurse practitioner (GNP) and an equivalent advanced practice nurse or clinical nurse specialist (CNS) to participants in the Adult Day Health Care Center, for the period of October 1, 1997 through September 30, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

Commissioner Sanchez abstained due to conflict of interest.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.3.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Update on Restructuring

I want to update the Commission on the Department's restructuring. Approximately two years ago, the Department created the Chief Financial Officer position, which is held by Monique Zmuda. However, the Chief Financial Officers of the Public Health Division and the Community Health Network did not report to the Chief Financial Officer. The need to facilitate communication on fiscal matters through a centralized structure has become especially important with the recent loss of our Chief Financial Officer at San Francisco General Hospital, Peter Praetz, and the Chief Financial Officer of the Public Health Division, Keith Hearle. To allow Ms. Zmuda time to focus fully on fiscal matters, some of her other functions will be reassigned. AB 75 will be administered through the Public Health Division. Grants will be supervised by Anne Kronenberg, as well as capital projects for Central Administration.

Therefore, effective immediately, we have decided these two divisional CFO's as well as their respective staffs, once hired, will report directly to our Chief Financial Officer. Ms. Zmuda will be active along with the Divisional Directors, Rich Cordova and Robert Prentice, in recruiting and hiring these positions. The centralization of our financial structure is designed to better coordinate accounting of our revenues, expenses, and overall financial status. The change does not affect the process of deciding on funding priorities. These decisions will still, of course, be made first at the divisional level by the Community Health Network (CHN) and the Public Health Division, respectively, and brought forward through the Director to the Commission, the Mayor, and the Board.

When we last briefed the Commission on restructuring, the organizational structure of the Workers' Compensation program had not yet been determined. Currently, Occupational Safety and Health (OSH) section of the Public Health Division coordinates Workers' Compensation for employees at

101 Grove, Mental Health, Substance Abuse and the Health Centers. San Francisco General Hospital and Laguna Honda Hospital coordinated their Workers' Compensation programs through their Departments of Human Resources. Effective immediately, we will be centralizing all workers compensation issues in the OSH section of the Public Health Division. OSH will work closely with our Human Resources Department in coordinating this effort. Placing responsibility within OSH acknowledges the important role that prevention can play in preventing future workers compensation injuries. OSH will use reports of recent workers compensation injuries to set priorities on future prevention programs. The costs of the Workers' Compensation program will remain with the respective Division.

Finally the Public Health Division has filled an important position. Barbara Garcia has been appointed Director of Community Substance Abuse Programs. After an extended tenure as the Executive Director of "Salud para la Gente" in Watsonville, California, Ms. Garcia was recruited to take lead responsibility for the integration of AIDS, mental health and substance abuse services for the Substance Abuse and Mental Health Services Administration (SAMHSA) for the federal Department of Health and Human Services in Washington, D. C. Ms. Garcia wanted to return to direct service at the local level when DPH hired her as the Director of Homeless Programs.

In her new capacity as Director of Substance Abuse Services, Ms. Garcia will participate on the management team of the Community Health Services Branch of the Public Health Division, where she will assist the management team in the challenge of moving toward a more integrated model of care based on the health profile of the people we serve: We thank her for her excellent past leadership in homeless programs and welcome her to her new position.

Mayor's Blue Ribbon Committee On Universal Health Care Coverage

A series of community forums will be held to discuss preliminary findings of the Mayor's Blue Ribbon Committee on Universal Health Care. The forums will be an opportunity to provide information on the Blue Ribbon Committee's progress to date to consumers, employers, community based organizations, City agencies, health care providers and other interested parties. Committee members will also receive feedback from the community on the proposed recommendations.

The forums will take place in various locations around the City. The forums will be open to all interested parties, including residents, community-based organizations, providers, advocacy groups, health plans and associations.

The first forum will be held tomorrow, January 22, 1998 from 5:00 p.m. to 7:00 p.m. at 101 Grove Street in Room 300. This forum is geared to the business community. Department staff can hear a presentation on the Committee's preliminary findings on Monday, January 26, 1998 from 1:00 - 3:00 p.m. at 101 Grove Street in Room 300. In addition, Department staff are welcome to attend any other the other community meetings. The Department is planning on making a presentation before the Health Commission at its next meeting. The Department will begin distributing flyers and information regarding the forums later this week.

STATE BUDGET

Governor's Proposed 1998-99 State Budget

The Governor released his proposed 1998-99 budget on January 9, 1998. The budget reflects California's improved economy, with an additional 4.7% in General Fund (GF) revenues. The Health and Welfare GF portion of the budget totals $15.1 billion, a 4.1% increase over the current fiscal year (1997-98). The Health and Welfare budget represents 27% of the State's total proposed GF expenditure for 1998-99, which is $55.4 billion.

In general, the proposed Health and Welfare budget is favorable, and does not include proposals seen in previous years to reduce health-related funding and programs. In addition, there are no significant health-related revenue increases that will impact the Department. Likewise, the State is not proposing reductions in their administrative fees for MAA/TCM or DSH.

Of the health-related program augmentations in the budget, the ones which will most impact the Department are the $3.5 million GF newborn hearing screening program, which is part of the Governor's new Early Childhood Development Initiative, and the $15.6 million GF increase in HIV/AIDS prevention and treatment funding, primarily for the AIDS Drug Assistance Program (ADAP).

Health-Related Revenues

- Medi-Cal Reimbursement: No increases in Medi-Cal reimbursement are proposed in 1998-99.

- Federal Funding: The Governor has budgeted $11.3 million for emergency medical services for undocumented residents. Although the budget narrative states that federal law authorizes payment to States for the full cost of these services - projected to be $655 million in California in 1998-99 - unlike previous years, the budget does not assume an unrealistically high federal reimbursement level.

- Proposition 99 Funds: Revenues are estimated to decline by 1.5%, to $446 million, due to decreased tobacco sales.

- Realignment: Revenues are up about $125 million for a total of $2.8 billion. This will provide a modest increase in Department revenues.

New Initiatives

Early Childhood Development Initiative

The Governor is proposing a $54 million Early Childhood Development Initiative to assist children from birth to age three. The Initiative's provisions include:

- Newborn hearing screening program for an estimated 116,000 newborns (half of whom would be Medi-Cal or CCS-eligible); requires all CCS-approved hospitals to offer screening to all newborns; and establishes three regional intervention centers to provide training, education, outreach and referral services to health care providers and patients -- $3.5 million GF increase.

- Other provisions include: training for child care providers; pre-kindergarten for low-income children; increased family information services; and expansion of infant and toddler child care -- $51.5 million GF increase

Healthy Families

- Assumes enrollment of 200,000 children in 1998-1999, and 440,000 children in 1999-2000 -- well below the original 580,000 target level.

- State GF will be used for the 1998-99 match, rather than using other locally-designated health care funding -- $34.1 million.

- Healthy Families and Medi-Cal outreach -- $21 million.

Existing Programs

Medi-Cal

- The State budget assumes a continued decline in Medi-Cal cases, with a projected 2.9% decrease in 1998-99

- Optional benefits: Unlike previous years, the Governor is not proposing to eliminate any optional Medi-Cal benefits

- Medi-Cal expansion related to Healthy Families legislation: expands coverage to children ages 14-18 whose families are at 100% of the federal poverty level -- $22 million GF increase

- Long-term care rate adjustment: while the State has the option to reduce LTC rates as a result of the Boren Amendment repeal, the budget does not include any reductions. Instead, adjustments will be considered after the State convenes interested parties to explore alternatives -- no GF reduction

- Services for Legal Immigrants and Undocumented Residents:

    ⇒ State-only long-term care services for undocumented residents: continued funding while litigation is pending

    ⇒ State-only prenatal care for undocumented residents: no specific mention, but the Governor does refer to exclusion of State-only programs for undocumented residents; these funds were not in the final budget for 1997-98, yet the state is currently required by court order to continue the program -- no GF change

    ⇒ Medi-Cal services to legal immigrants: State will increase GF budget to provide non-emergency health care services to legal immigrants who arrived after August 22, 1996 (no longer covered by federal funds) -- $25.3 million GF increase

Public Health

The 1998-99 State budget includes an estimated $96 million GF increase for public health programs, including:

- Childhood Lead Poisoning Prevention Program: preventive screening and case management services -- $14.3 million increase over two years

- HIV/AIDS prevention and treatment: State budget expands HIV/AIDS prevention and treatment by a total of $35.9 million state and federal funds, for ADAP, which is anticipated to serve over 25,000 clients with a 53-drug formulary -- $15.6 million GF increase

- Control and survey of emerging infectious diseases and foodborne pathogens: to expand investigation and surveillance of infectious disease and food safety programs -- $3.1 million GF

- Housing for tuberculosis patients: for those unwilling to comply with treatment or homeless and unable to comply -- $2.9 million

- Grants to medical schools and specialized training programs: to increase the number of family practice health care providers -- $5.6 million

- Breast Cancer Early Detection Program: majority of funds are from CHIP Unallocated Account funds -- $11.2 million increase over two

- Ovarian and prostate cancer research grants: for researching the causes, prevention, early detection, diagnosis, and treatment of ovarian and prostate cancer -- $23 million increase

- Teen abstinence education and pregnancy prevention programs: $7.2 million in federal funds, requiring matches of 3:4/ local:federal, for initiation of new programs -- no State GF contribution

Mental Health

The proposed budget allocates $24.6 million for the Department of Mental Health and the California Department of Corrections to coordinate the Sexually Violent Predator (SVP) Program. The purpose of the SVP is to identify and evaluate dangerous repeat offenders prior to release from prison, and, when appropriate, refer them to trial for civil commitment. The budget assumes the SVP program will be ruled constitutional. In addition to the SVP program, the budget provides $20.4 million to maintain Children's System of Care programs in 43 counties, and $15 million in Proposition 98 funding for the School-based Early Mental Health Initiative, targeted at grades K through 3.

Proposition 99

Proposition 99 expenditures include: $67.7 million for anti-tobacco education programs; $19.3 million for tobacco-related disease research; $49.9 million for CHDP; $179.6 million for clinic and county indigent health programs; and $8.7 million for the Breast Cancer Early Detection Program, including $7.4 million for screening services and $1.3 million for enhanced quality assurance.

Department of Social Services

In the CalWORKs program, a $665 million increase for child care for CalWORKs participants and the working poor is budgeted (total budget: $1.8 billion). The 4.9% grant level reduction is continued, as is suspension of the Cost-Of-Living Adjustment (COLA). The budget includes $1 billion for employment support services, such as alcohol and drug, mental health, Cal Learn, transportation, and job training, for an estimated 376,000 participants per month. In the SSI program, proposed grant levels remain the same for the first time in several years. The 2.6% federal COLA for SSI is passed through to take effect January 1, 1999, however, the State COLA continues to be suspended.

Department of Aging

The budget includes an additional $9.1 million GF for expanded Adult Day Health Care, Community-Based Services Programs, Alzheimer's Day Care, Respite Services, and various other social services.

Other Provisions of Interest

- Proposed constitutional amendment, required to be passed by the voters, to lower the Gann appropriations limit (amount unspecified).

- Continuation of the State's commitment to litigation against the tobacco industry through a $5.47 million GF increase and 21 staff positions to support ongoing litigation

PUBLIC HEALTH

1998 Ryan White CARE Act Awards Announcement

The FY 1998 Ryan White CARE Act total award is $36,394,914. This award breaks down to $18,744,145 in formula and $17,650,769 in supplemental. The FY 1997 CARE Title I total was $37,194,634 so the new award reflects a decrease of $799,720 or approximately 2%.

You will see our award was very high relative to similar EMA's. Congratulations to Judith Klain, Michelle Dixon and the staff of the AIDS Office.

Grant Award From Miriam & Peter Haas Fund

The Miriam and Peter Haas Fund has awarded a grant of $60,000 to Community Mental Health Services, Children, Youth and Family Section to support a mental health consultant working with the Children's Section. The consultant is to develop a plan to support children's mental health services in a managed care environment. This is a second, and final grant award from the Fund.

Childhood Lead Prevention Program Data Evaluation

On January 13, 1998, the Childhood Lead Prevention Program finalized a report which presents the findings of a comprehensive analysis and evaluation of screening case-management, and environmental data collected since the program's inception in 1991. The report was developed to fulfill legislative mandates, analyze screening and case finding trends over time, and assist in the development of a city-wide lead screening policy. The evaluation also provided evidence of the extent of lead-base paint hazards in San Francisco which helped promote the passage of legislation requiring lead-safe work practices on the exterior of any building built before December 31, 1978.

Indoor Air Quality Investigation

On November 30 a washing machine at the Mission Family Center malfunctioned, spilling 700 gallons of water, which made its way from the 2nd floor down to the first floor, where another Public Health facility (Mission ARC) is located. The water flooded the Mission ARC space and damaged some of the building materials quite severely. The building owner was quick to call in a water damage specialist, who began drying the building out immediately. However, the smell was enough to cause some occupants of Mission ARC to feel sick, and four employees did seek medical treatment (and were temporarily assigned to other locations). The OSH Section was called in to evaluate the situation and determine if the cleanup had been adequate, and if the smell/health symptoms were indicative of active mold/fungal growth, which would have been consistent with the allergic symptoms seen by the Occupational Health Services physicians.

Before that could be determined however, it was necessary to test the damaged building materials for asbestos. The Asbestos Program determined that some of severely damaged floor tiles did contain asbestos, and needed to be replaced immediately. Once this was completed, the OSH Section did a thorough inspection of the inaccessible building spaces to ensure that mold/fungi were not actively growing, and that the spaces had been adequately dried. Fortunately, no evidence of mold growth was found, and since the smell had subsided, the employees were cleared to go back into the building. The landlord is still doing some remedial work to those building structures that were damaged by the flood, thus displacing some of the employees. To date, no more complaints have been received.

COMMUNITY HEALTH NETWORK

One Less Gun... One More Life

The CHN is playing an active role in the One Less Gun... One More Life campaign. The CHN along with other SF hospital community based organizations and the SF Police Department held their first gun exchange on Saturday, January 17, at Ella Hill Hutch community center in the Western Addition. Four guns were exchanged for gifts valued at $40.00. Although only four guns were exchanged the group views this first exchange as a success.

Mayor Brown attended the exchange and gave his support along with a number of members of the Board of Supervisors.

The UCSF/CHN Retreat

On January 23 and 24 the CHN Leadership Group, Chiefs of Service and I will join the UCSF School of Medicine Faculty for their Annual Leadership Retreat. The subject of this year's retreat is the partnership of UCSF with the Community Health Network focusing on four primary discussion areas.

- the evolving organizational and strategic relationships of Community Health Network and the UCSF faculty
- the planning and decision making relationships between UCSF department Chairmen and the respective Chiefs within the CHN
- the future role of research at the SFGH campus in relation to Mission Bay development and as a reflection of the CHN's academic mission
- the potential new relationships between the Department of Public Health and UCSF.

The retreat end-products will consist of recommendations for future action to develop the expanded partnership. A summary of the findings and recommendations will be presented at the CHN Joint Conference Committee in March.

Laguna Honda Hospital Isolate Influenza A

Laguna Honda Hospital had its first isolate of Influenza A on the evening of December 23rd. Medical staff instituted the antiviral prophylaxis program the following day. Most of LHH's residents have been immunized. However, the vaccine is not 100% protective. Therefore, antiviral medication is used to prevent the spread of virus. Since the institution of medication there have been no further cases of influenza identified.

Kaiser Permanente Strike Update

The California Nurses Association has issued a strike notice to affect Kaiser Permanente's Hospitals and ambulatory care centers. A two day strike is scheduled for January 28-29. The Kaiser San Francisco Strike Planning Team will be conducting a telephone conference call on January 21st to discuss patient care operational issues with local area hospitals. Chris Wachsmuth will be representing CHN/SFGH. The work action by CNA comes at a particularly difficult time as citywide hospital census remains high, Emergency Departments report high visit volumes and critical care and total diversion rates remain elevated.

System Diversion Update

The EMS Section has suspended the ability of hospitals to divert critical care patients 14 times this month for a total of 198 hours – this is 41% of the time. This amount of diversion activity is unprecedented in our system. The San Francisco Fire Department is reporting a 25% increase in ambulance requests. As stated above the planned work stoppage at Northern California Kaiser hospitals could further impact the overcrowding situation. The EMS Section is closing monitoring this situation.

Abbie Yant, Administrator of the EMS Section, is a member of a State Task Force on Hospital Overcrowding and Ambulance Diversion. The Task Force was initiated and staffed by the State EMS

Authority and has representatives from Department of Health Services, California Hospital Association, and Local EMS Agencies. The State Office of Health Planning, Office of Emergency Services and the Department of Corporations and Kaiser will be asked to participate in future discussions. The Department of Health Services, through their regional offices, polled all hospitals in California early last week and confirmed that hospitals are operating above projections throughout the State. Flu like and other respiratory illnesses are contributing to the increases, but many other conditions are being seen in emergency departments as well. There is also a shortage of critical care and emergency department qualified nurses throughout the State which makes adding nursing staff very difficult.

CHN Diversion
Diversion statistics for the period January 1 through 11, 1998 were:
Critical Care diverted 24.7% or 65 hours and 17 minutes.
Total diversion was 16% or 42 hours and 28 minutes.

Diversion statistics for the period December 1 through 14, 1997 were:
Critical Care diverted for 56% or 194 hours.
Total diversion hours were 2% or 6 hours.

Sharon Nevins Appointed to OSHPD Committee
I am pleased to announce that Sharon Nevins, Interim Chief Financial Officer for Laguna Honda Hospital, has been appointed to the Office of Statewide Health Planning and Development's Health Data and Public Information Committee. I am sure you join me in congratulating Ms. Nevins on this appointment.

Black History Month Celebration
Black History month will be observed at Laguna Honda Hospital during February. A hospitalwide event will take place February 20th featuring a choir, fashion show and entertainment held in Simon Auditorium. "Celebrate and Educate" is the theme for this year's activities. The Activity Therapy Department will also provide additional activities on resident units throughout the month of February.

The December 1997 statistics are available in the Commission Office.

President Chow requested the Department to report in the Director's Report comparative statistics for its monthly statistics.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION

Commissioner Guy nominated Commissioner Monfredini for President. Commissioner Hill seconded the nomination.

Action Taken: The Commission unanimously voted to elect Commissioner Monfredini as President for 1998.

Commissioner Parker nominated Commissioner Sanchez for Vice President. Commissioner Barnes seconded the nomination.

Action Taken: The Commission unanimously voted to elect Commissioner Sanchez as Vice President for 1998.

Outgoing President Chow thanked everyone for their support during these past two years of his presidency.

President Monfredini thanked the Commissioners for their support for her presidency.

Vice President Sanchez thanked the Commissioners for their hard civic volunteer work on the Commission and thanked Commissioner Chow for his leadership over the last two years as President.

6) TIME SPECIFIC: 4:00 P .M.

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE ON HEALTH CARE SERVICES OF THE COMMUNITY AT CHINESE HOSPITAL: RELOCATION OF THE CHINESE HOSPITAL OBSTETRICS SERVICE TO CALIFORNIA PACIFIC MEDICAL CENTER

For this item, Commissioner Chow and Commissioner Monfredini abstained due to conflicts of interest. Vice President Sanchez presided over this item on the agenda.

Mr. Thomas Harlan, CEO of Chinese Hospital, had submitted the following information to the Commission:

Chinese Hospital has maintained a proud history of service to the San Francisco Chinese community since its opening in 1925. The provision of health care services in 1998 has become much more complex and expensive than it was many years ago. In keeping with Chinese Hospital's mission to provide community access to high quality, cost effective and culturally competent services, it continues to form community partnerships to provide segments of the spectrum of health care services. For example, Chinese Hospital purchases tertiary services (heart surgery, organ transplants, etc.) and other high technology services, such as outpatient MRI, from several San Francisco tertiary hospitals. In addition, Chinese Hospital also purchases services at the other end of the spectrum, including skilled nursing and home care services.

The Chinese Hospital Board of Trustees decided to relocate the hospital's obstetrics service in the Fall of 1997 following several years of deliberation. This was precipitated by an extensive analysis performed by a multidisciplinary task force convened by the Board in early 1997. Several factors compelled the Chinese Hospital Board of Trustees to consider options for relocation:

- For the past several years, evolving market conditions have generated a perceived consumer need for hospital perinatal services encompassing immediate availability of "Level 3" intensive care newborn nursery services. This has been exacerbated by the ready availability of such services in San Francisco.

- The perinatal service at Chinese Hospital includes only a "Level 1" well baby nursery service.

- San Francisco Chinese patients and their physicians have increasingly selected perinatal units with "Level 3" nurseries, which has resulted in a declining obstetrics service census at Chinese Hospital. There were 505 deliveries in 1991, 177 deliveries in 1997, adversely impacting the viability of the service.

Upon the recommendation of its medical staff and after careful consideration of the alternatives, the Chinese Hospital Board of Trustees determined that rather than close the perinatal service, the Hospital should suspend the perinatal service temporarily while it pursues an exclusive affiliation with a local provider for the provision of perinatal services, including the availability of a higher level of nursery service, for Chinese Hospital's patients. A temporary suspension should permit Chinese Hospital to reactivate the beds and its perinatal service if the affiliation should fail to meet the Hospital's objectives of ensuring delivery of quality perinatal care with a higher level of nursery service in a manner that is responsive to the special needs of the Chinese community, including the need for bilingual and bicultural services, reasonable access and availability of services for indigent patients.

Accordingly, Chinese Hospital has entered into a Memorandum of Understanding (MOU) with California Pacific Medical Center (CPMC), a general acute care hospital, whose obstetrics department includes Levels 2 and 3 nurseries. Under the MOU, CPMC would be the exclusive provider of perinatal services for patients of Chinese Hospital, including enrollees of Chinese Hospital's affiliated health care service plan (the Chinese Community Health Plan) and other managed care contracts of the Hospital, as well as referred Medi-Cal, indigent and self-pay patients. CPMC and Chinese Hospital have a history of service relationships (including perinatal services), and all but one of the Chinese Hospital obstetricians and pediatricians have clinical privileges and currently practice at CPMC. CPMC has agreed to create a joint Advisory Board to monitor and address the Hospital's concerns regarding cultural competencies, access and availability of perinatal services at CPMC.

The MOU was executed on December 16 1997 and implementation is scheduled to commence on February 6, 1998, pending the Department of Health Services approval of the hospital's request for suspension. Specifically, Chinese Hospital has requested suspension of its perinatal service and beds for a period not to exceed the first 12 months of its affiliation with CPMC, commencing February 6, 1998. Prior to the end of such period, Chinese Hospital would evaluate the affiliation with CPMC and make a decision whether to continue with the affiliation (and request reclassification of the beds), to ask for an extension of the suspension for further evaluation, or to request that the perinatal service and beds be reactivated.

In the MOU with CPMC, elements comprising the areas of quality, cultural competence and staffing continuity were developed by representatives from both institutions, including Board, medical staff, perinatal services and management. In addition to these elements, the hospitals have negotiated a 15-year initial term -- and the ability for Chinese Hospital's referred "self-pay" obstetrics patients to obtain access to CPMC at Chinese Hospital's current "self-pay" rate structure.

Public Speakers: in support of the relocation.

Rose Pak, Chair, Community Relations Committee, Board of Trustees, Chinese Hospital Association.

Albert G. Chin, Immediate Past President, Board of Trustees, Chinese Hospital Association.

Pearl J. Yee, M.D., Chief of Obstetrics and Gynecology, Chinese Hospital Medical Staff, Chinese Hospital Association.

Thomas M. Harlan, CEO, Chinese Hospital Association.

George M. Lee, M.D., Vice President Medical Affairs; and Chair, Department of Obstetrics and Pediatrics, California Pacific Medical Center.

Dr. Poon, Chinese Hospital, spoke against the relocation.

Vice President Sanchez stated that today's hearing is to listen to the testimony and receive any written testimony in the next seven days. At the February 3, 1998 Commission meeting, the Commission will make a decision on whether the relocation will or will not have a detrimental impact on the health care service of the community.

7) UPDATE OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL TASK FORCE WORK PLAN, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE DEVELOPMENT OF INITIATIVES FOR ASTHMA AND BREAST AND CERVICAL CANCER

Cynthia Selmar, Co-Chair of the Task Force and Center Director for Southeast Health Center, provided an update on the work of the Task Force. She also reported that Karen Pierce has been hired as the Project Coordinator for the Task Force.

Since the last presentation to the Commission in June 1997, media attention given to data on the health problems of residents in the Bayview Hunters Point community resulted in a hearing at the Board of Supervisors' Health, Family and Environment Committee. The Task Force was asked by the Committee to develop specific proposals. The Task Force decided to focus on health issues that already had some initial activity -- asthma and breast and cervical cancer. Basically, the Task Force suspended long-term planning to take advantage of the short-term opportunity with the Board, with the clear understanding to return to long-term planning.

With respect to the work plan, Ms. Selmar acknowledged Nyasha Junior of Policy and Planning, who has been working with the Task Force on its efforts to develop a work plan.

The Task Force is requesting Commission support for the development of initiatives in response to the Board's request (i.e., asthma and breast and cervical cancer).

The Commission requested a progress report on the work plan in 90 days (May 1998).

Public Speakers:	Francine Carter, Co-Chair of the Task Force. Ray Tompkins, member of the Task Force and Bayview Hunters Point Research Committee.
Action Taken:	The Commission unanimously adopted Resolution # 3-98, "Endorsing Efforts to Develop Proposals to Address Asthma and Breast and Cervical Cancer in Bayview Hunters Point", (Attachment A).

8) CONSIDERATION OF A RESOLUTION FOR SAN FRANCISCO GENERAL HOSPITAL PROVIDING LEVEL I TRAUMA CARE FOR ADULTS AND CHILDREN WITHIN SAN MATEO COUNTY

Richard Cordova, Executive Administrator for the Community Health Network, introduced Dr. Robert Mackersie, Chief of Staff and Surgery Service. Dr. Mackersie provided the following background information:

The 1993 Strategic Plan for San Francisco General Hospital, as approved the Health Commission, includes a recommendation to regionalize the trauma service as a way to maximize the utilization of resources for the Trauma Center.

Since November 1993, SFGH has piloted in partnership with the San Mateo Emergency Medical Service Agency, the referral of trauma victims in the northern part of San Mateo County. The experience during this pilot year has been successful in that the patients have received timely trauma services, at the same time the volume has not impacted services devoted to City residents. Further, the financial status of these patients has resulted in the hospital not absorbing any costs associated with unsponsored patients since arrangements have been made to bill the County of San Mateo for these patients.

Based on this positive experience, the San Mateo County has now asked SFGH to become the Trauma Center for the northern part of San Mateo County. The southern portion will be covered by the Trauma Center located in Stanford University Medical Center. This configuration of trauma services for San Mateo County is a result of a lengthy study conducted by the San Mateo Emergency Medical Service Agency, which concluded that this is a the best configuration for their County.

The Trauma Center at SFGH has been in existence for 30 years and has been verified as a Level 1 by the American College of Surgeons providing the nationally recognized level of trauma care to anyone who is injured. The opportunity exists to extend these services to people in neighboring counties while enhancing the Trauma Center's ability to continue our tradition of care within the City's geographic boundaries.

Commissioner Barnes expressed concern on the impact on emergency, critical care, and diversion.

Commissioner Guy commented that the data from the San Mateo Pilot Project would have been helpful for this presentation. Dr. Katz will provide the data on the pilot project to the Commissioners.

Commissioner Sanchez encouraged the Department to collect data in the next six months, looking at the impact of regionalization on services in San Francisco. He also encouraged the Department work with colleagues in the region in analyzing the data.

The Commission requested the Department to come back in July and report a 6-months' experience and progress with this program.

Commissioner Barnes proposed an amendment to the proposed resolution in the last resolved by adding, "as long as there is no negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco."

Action Taken: The Commission unanimously adopted Resolution # 4-98, "Supporting the Regionalization of Level 1 Trauma Services at San Francisco General Hospital Into San Mateo County, and Counties in Need of Trauma Care, as Long as There is no Negative Impact to the City and County of San Francisco," (Attachment B).

9) CONSIDERATION OF A RESOLUTION FOR PROVIDING HEALTH INSURANCE TO IN-HOME SUPPORTIVE SERVICES (IHSS) WORKERS

Julia Velson of San Francisco General Hospital presented a proposal which provides health insurance to individuals who provide In-Home Supportive Services (IHSS) to Medi-Cal recipients residing in San Francisco (Attachment C).

Ms. Velson introduced:

Donna Calame, Director of the IHSS Public Authority
Rick Zawadski, Consultant, IHSS Public Authority
Karen Sherr, Local 250
Shahnaz Nikpay, Director of the S.F. Health Plan

Commissioners' Comments:

- Monitor the financial aspect of the plan
- Evaluate data collected for one year
- This is a pilot project for universal health care
- Monitor this health plan separately at the Joint Conference Committee of the Community Health Network

Public Speaker: Shahnaz Nikpay, S.F. Health Plan

Action Taken: The Commission unanimously adopted Resolution # 5-98, "Approving a Proposal to Provide Health Insurance to In-Home Supportive Services Workers Providing Care to Medi-Cal Recipients Who Reside in San Francisco," (Attachment D).

10) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 6:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-98

ENDORSING EFFORTS TO DEVELOP PROPOSALS TO ADDRESS ASTHMA AND BREAST AND CERVICAL CANCER IN BAYVIEW HUNTERS POINT

WHEREAS, the Health Commission has previously endorsed the activities of the Bayview Hunters Point Health and Environmental Assessment Task Force; and,

WHEREAS, the Board of Supervisors Health, Family and Environment Committee has held hearings on health problems in Bayview Hunters Point as a result of information provided by the Bayview Hunters Point Health and Environmental Assessment Task Force; and,

WHEREAS, the hearings indicated a very troubling profile of health problems in the Bayview Hunters Point community; and,

WHEREAS, elevated rates of asthma and increased mortality from breast cancer and elevated rates of cervical cancer among women were among the health problems identified; and,

WHEREAS, other health problems including prostate cancer, hypertension, diabetes and homicide were identified and will be the focus of subsequent activities; and,

WHEREAS, broad coalitions have emerged to reduce the rates and problems associated with asthma and breast and cervical cancer; and,

WHEREAS, the Board of Supervisors Health, Family and Environment Committee has encouraged the Department of Public Health and the Bayview Hunters Point Health and Environmental Assessment Task Force to return with specific proposals to address asthma and breast and cervical cancer; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby endorse the development of proposals to address asthma and breast and cervical cancer in Bayview Hunters Point; and, be it further

RESOLVED, that the Health Commission of the City and County of San Francisco encourages the Department of Public Health and the Bayview Hunters Point Health and Environmental Assessment Task Force to complete a work plan which encompasses the full range of health problems and environmental risks as the basis for a more comprehensive response to improving health in the Bayview Hunters Point community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 20, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-98

SUPPORTING THE REGIONALIZATION OF LEVEL 1 TRAUMA SERVICES AT SAN FRANCISCO GENERAL HOSPITAL INTO SAN MATEO COUNTY, AND COUNTIES IN NEED OF TRAUMA CARE, AS LONG AS THERE IS NO NEGATIVE IMPACT TO THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, San Francisco General Hospital has been a designated Trauma Center providing advanced care to injured adults and children since 1968; and,

WHEREAS, San Francisco General Hospital has been certified as a Level 1 Trauma Center by the American College of Surgeons; and,

WHEREAS, the Trauma Center at San Francisco General Hospital has received national recognition for its emergency, peri-operative, critical, acute and rehabilitation care for adult and child victims of trauma; and,

WHEREAS, San Francisco General Hospital has been designated as the Trauma Center for the City and County of San Francisco by the Emergency Medical Service Agency; and,

WHEREAS, San Francisco General Hospital through its Level 1 Trauma Center can provide a level of care to injured adults and children that is not available to people residing, working or commuting through the counties to the north and south of San Francisco County; and,

WHEREAS, the 1993 Strategic Plan for San Francisco General Hospital as approved by the Health Commission includes a recommendation to explore the feasibility of expanding trauma services to new markets; and,

WHEREAS, San Francisco General Hospital has successfully piloted and served as a receiving hospital for the extreme northern portion of San Mateo County from 1993 to the present; and,

WHEREAS, the increased trauma patient volume did not impact the availability of services to the people of San Francisco; and,

WHEREAS, San Mateo County has asked San Francisco General Hospital to become the permanent Trauma Center for the northern part of San Mateo; and,

WHEREAS, arrangements have been made to bill the County of San Mateo for unsponsored patients; and,

WHEREAS, the Community Health Network is committed to providing high quality trauma care to its clients and to the San Francisco community as one of the array of available health care resources within its integrated delivery system; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-98 (Cont'd.)

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby support the regionalization of trauma services into the northern portion of San Mateo County; and, be it further

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby support the regionalization of the Level 1 Trauma Program at San Francisco General Hospital to counties in need of advanced trauma care as long as there is no negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 20, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Community
Health Network
of San Francisco

*The Integrated Delivery System
of San Francisco's
Department of Public Health*

Richard D. Cordova
Executive Administrator

MEMORANDUM

DATE: January 12, 1998

TO: Commissioner Edward Chow, MD, President
and Members of the Health Commission

THROUGH: Mitchell Katz, MD,
Interim Director of Health

FROM: Richard Cordova,
Executive Administrator, CHN

SUBJECT: In Home Supportive Services Health Insurance Project

Background

In 1997, the Mayor's Office sought the assistance of the Department of Health in developing a proposal to provide health insurance to individuals who provide in-home supportive services (IHSS) to Medi-Cal recipients residing in San Francisco. IHSS workers are typically low income, uninsured individuals who provide a valuable service by providing in home care which allows Medi-Cal recipients to stay in their homes and out of health care institutions.

Because IHSS workers provide services to Medi-Cal recipients, Federal funds are available to support **part** of the cost of providing such services. These funds may be used for salaries and/or other benefits including the provision of Health Insurance and are matched at 40% of the claimed cost, up to a statutorily defined ceiling.

Beginning in 1997, the Department of Health started meetings with the San Francisco Department of Human Services, the IHSS Public Authority, Local 250 and their private consultant for the purpose of exploring ways to offer health insurance to IHSS workers. More recently, the San Francisco Health Plan (SFHP) has joined in the project.

Goals

The goals of this project are:

- To provide access to an under-served population
- Link patients to the Community Health Network in an organized, managed way
- Gain access to otherwise unavailable Federal funds for the provision of health services
- Increase cooperation with labor and other agencies

■ 2789 Twenty-Fifth Street, Suite 2014, San Francisco, CA 94110 ■ (415)206-3476 ■ FAX (415)206-4482 ■ richard_cordova@sfgh.org ■

Demographics of the Target Population

In Home Supportive Services workers are typically low income minimum wage earners who are uninsured or under-insured and would fall in or close to the City's definition of medically indigent. Some IHSS workers receive Medi-Cal themselves and some already use the services of the Community Health Network. Thus, it is believed that many members of this population would look to CHN for their medical care which would be provided by the medically indigent adult program.

IHSS workers have an unusual employment relationship; they are independent contractors with respect to the recipients of their services, but the State of California contractors provides their workers compensation coverage and issues their pay checks. These workers are organized under a collective bargaining agreement by SEIU Local 250.

IHSS workers demographics are as follows:

- Approximately 6000 in the total population
- 73% Female
- Medical age 45 years old
- 90% live in San Francisco
- Approximately 2/3 are members of minority groups
- Approximately 50% are medically indigent
- Less than 20% are Medi-Cal recipients
- Less than 1% are Medicare recipients

Characteristics of the Proposed Plan

The Community Health Network is proposing to provide a fully licensed health insurance product to IHSS workers. This plan would be administered under the Knox-Keene license of the San Francisco Health Plan. The panel of providers in the proposed plan would consist exclusively of the Community Health Network and its affiliates.

Coverage will be provided for all IHSS workers working 25 or more hours per month. A sixty-day waiting period will be imposed prior to eligibility. The scope of benefits will include vision and outpatient mental health services. An option to disenroll will be made available. Pursuant to Knox-Keene requirements, out of area emergency coverage will also be provided.

The Community Health Network expects to seek an average premium of $125 per member per month. Some proposed benefits such as vision care and pharmacy will be purchased by the San Francisco Health Plan. The Community Health Network will be capitated and bear most of the risk.

Plan Financing

As indicated earlier, the Federal government makes available some matching funds to support the provision of In Home Supportive Services to Medicaid recipients. These funds are accessed by the Department of Human Services which submits a claim for costs associated with the IHSS program to both the Federal and State Governments. The Department of Health, in conjunction with DHS has calculated the amount which must be claimed to support the proposed premium of $125 per member per month, and that amount will be included in DHS' claim to the Federal government. The Federal government will then provide 40% of the claimed amount.

The financing "steps" are as follows:

- CHN fronts the premium cost via work order to the Department of Human Services
- The Department of Human Services uses the funds received from CHN to pay the premium cost to the San Francisco Health Plan
- The San Francisco Health Plan passes the premium on to the Community Health Network with deductions for Out of Network and Administrative Costs
- The Department of Human Services makes a claim to the state and Federal government for the costs of providing IHSS services, including the cost of health insurance
- The Federal government reimburses the Department of Human Services at 40% of the claimed health insurance costs

  The Department of Human Services passes the Federal Reimbursement back to the Community Health Network.

The Community Health Network's current estimate is that this program will provide approximately 1.35 million dollars in new revenue without adversely affecting disproportionate share revenues. If approved, the transfer amount and new revenue will be in the 1998/1999 budget.

Conclusion:

The IHSS insurance project will provide health insurance to an under-served and medicallyindigent population thereby improving the health of that population. The Department of Health will gain new revenue by accessing otherwise unavailable federal funding to provide health coverage. The project also provides the opportunity to create goodwill and return business. Finally, the IHSS project provides the opportunity to increase cooperation between the Department of Health, other agencies and organized labor.

The support of the Health Commission in this endeavor is greatly appreciated.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-98

APPROVING A PROPOSAL TO PROVIDE HEALTH INSURANCE TO IN HOME SUPPORTIVE SERVICES WORKERS PROVIDING CARE TO MEDI-CAL RECIPIENTS WHO RESIDE IN SAN FRANCISCO

WHEREAS, In Home Supportive Services workers provide an important service by providing care which allows severely ill people to remain at home and out of institutional settings; and,

WHEREAS, in Home Supportive Services workers are typically low income and un or under-insured for health benefits; and,

WHEREAS, many in Home Supportive Services workers fall within the eligibility guidelines of the Community Medical Assistance Program; and,

WHEREAS, Federal funding is available to offset the cost of providing health insurance to In Home Supportive Service workers; and,

WHEREAS, providing health insurance to In Home Supportive Service workers will improve the overall health of the target population; and,

WHEREAS, providing health insurance to In Home Supportive Services workers creates an opportunity for In Home Supportive Services workers to be linked to the Community Health Network in an organized and managed way; and,

WHEREAS, providing health insurance to In Home Supportive Services workers offers an opportunity to work close with other agencies and with organized labor; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the Community Health Network proposal to provide health insurance to In Home Supportive Service workers.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 20, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, January 20, 1998
Time Specific: 4:00 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

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Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community at Chinese Hospital:

> **Relocate the Chinese Hospital obstetrics service to California Pacific Medical Center to provide the best possible obstetrics services for the patients it serves in the San Francisco Chinese community.**

Persons unable to attend this public hearing may submit written comments to the Health Commission, President Edward A. Chow, M.D., 101 Grove Street, Room #311, San Francisco 94102.

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

February 3, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING JANUARY 20, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Consideration of a supplemental appropriation of $486,628 for the Conversion of Contract Employees in Mental Health Services to Civil Service.

(3.2) **PH-CH&S-STD Prevention and Control** - Resolution authorizing the Department of Public Health, Sexually Transmitted Diseases Prevention and Control, to accept and expend a new grant in the amount of $167,680 from the California Department of Health Services, STD Branch, for the period of April 1, 1998 to March 31, 1999, to conduct an STD Training Program.

(3.3) **Central Administration-MIS** - Contract modification and sole source increase with Systems Support Technologies (SST), in the amount of $249,000 for the provision of technical support services for information systems, for the period of June 17, 1997 through June 30, 1998. This modification will bring the contract total to $1,063,000. (DPH contracted with SST for services totaling $582,028 during FY 1996-97).

(3.4) **PH-CHP&P-Tobacco Free Project** - Request for approval of two contract modifications for comprehensive tobacco control services, in the amount of $1,261,500, for the period of January 1, 1998 through June 30, 1999: one with O'Rorke Public Relations and Advertising (O'Rorke), for $900,000 to place anti-tobacco ads on network and cable television; and the other with Polaris Research and Development (Polaris) for $361,500 to evaluate media campaigns, enforcement of the City's tobacco-related ordinances and prevention intervention. (During FY 1996-97 DPH contracted with O'Rorke for services totaling $257,400, and with Polaris for services totaling $781,093).

(3.5) **CHN-Central Administration** - Reconsideration of a supplemental appropriation request for $10,206,224 to fund increases to salaries and operating accounts in order to meet increased demand for inpatient and outpatient services for FY 1997-98, funded through MediCal, Medicare and private insurance revenues, and to include a transfer of funding from Visiting Nurse Hospice group (VNH) contracts to Community Health Network (CHN) Home Health Agency.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE RELOCATION OF OBSTETRICS SERVICE FROM CHINESE HOSPITAL TO CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**

6) **STATUS REPORT ON THE MAYOR'S BLUE RIBBON COMMITTEE ON UNIVERSAL HEALTH CARE COVERAGE**

7) **PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99, AND A PROPOSED RESOLUTION FOR A POLICY TO EXPAND HOUSING SERVICES, PREVENTION SERVICES, MANAGEMENT INFORMATION SERVICES (MIS), AND TO CREATE A DEPARTMENTAL RESERVE**

8) **STATUS REPORT ON PROVIDER NETWORK OUTREACH FOR THE SAN FRANCISCO MENTAL HEALTH PLAN**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **CLOSED EXECUTIVE SESSION**

    A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

    B. **VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a)).)**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

C. POSSIBLE CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION

VALERIE SMITH V. CITY AND COUNTY OF SAN FRANCISCO (SFGH), SUPERIOR COURT #985-455, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $8,500

D) RECONVENE IN OPEN SESSION:

1) POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2) VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
ce President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

ADDENDUM

TO

HEALTH COMMISSION AGENDA

Tuesday, February 3, 1998
3:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

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11) CLOSED EXECUTIVE SESSION

A) Public comment on all matters pertaining to the Closed Session.

B) Vote on whether to hold a Closed Session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b):

Appointment/Hiring: Director of the Department of Public Health.
To consider submission to the Mayor of the name(s) of qualified applicant(s) for the position of Director of the Department of Public Health, pursuant to Charter Section 4.102.

C) Reconvene in Open Session:

1) Possible report on action taken regarding the submission to the Mayor of the name(s) of qualified applicant(s) for the position of Director of the Department of Public Health, pursuant to Charter Section 4.102.

2) Vote to elect whether to disclose any or all discussions held in Closed Session (San Francisco Administrative Code Section 67.14(a).)

Note*: *This item will be considered at the beginning of the Health Commission meeting after the Roll Call.

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

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/3/98

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 3, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:00 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

11) CLOSED EXECUTIVE SESSION

A) Public comment on all matters pertaining to the Closed Session.

None.

B) Vote on whether to hold a Closed Session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b):

Appointment/Hiring: Director of the Department of Public Health.
To consider submission to the Mayor of the name(s) of qualified applicant(s) for the position of Director of the Department of Public Health, pursuant to Charter Section 4.102.

Action Taken: The Commission voted to hold a Closed Session.

C) Reconvene in Open Session:

1) Possible report on action taken regarding the submission to the Mayor of the name(s) of qualified applicant(s) for the position of Director of the Department of Public Health, pursuant to Charter Section 4.102.

Action Taken: The Commission unanimously approved Resolution #7-98, "Submitting the Name of Mitchell H. Katz, M.D. to the Mayor for Appointment as Director of the Department of Public Health," (Attachment A).

2) Vote to elect whether to disclose any or all discussions held in Closed Session (San Francisco Administrative Code Section 67.14(a).).

Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 20, 1998

Action Taken: The Commission unanimously adopted the minutes of January 20, 1998.

President Monfredini announced the following Health Commission assignments:

Budget Committee:
David J. Sanchez, Jr., Ph.D., Chairman
Debra A. Barnes
Ron Hill

Joint Conference Committee for Quality Assurance - Community Health Network:
Edward A. Chow, M.D., Chairman
Ron Hill
Lee Ann Monfredini

Joint Conference Committee for Quality Assurance - Public Health:
Roma Guy, MSW, Chairperson
David J. Sanchez, Jr., Ph.D.
Harrison Parker, Sr., DDS

Joint Conference Committee for Quality Assurance - San Francisco General Hospital:
Edward A. Chow, M.D., Chairman
Lee Ann Monfredini
Harrison Parker, Sr., DDS

Joint Conference for Quality Assurance - Laguna Honda Hospital:
Lee Ann Monfredini, Chairperson
Roma Guy, MSW

IHSS Public Authority
Harrison Parker, Sr., DDS

SFGH Foundation
San Francisco Health Authority
Debra A. Barnes

Executive Committee, Mayor's Criminal Justice Council
Lee Ann Monfredini

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Consideration of a supplemental appropriation of $420,032 for the Conversion of Contract Employees in Mental Health Services to Civil Service.

(3.2) **PH-CH&S-STD Prevention and Control** - Resolution authorizing the Department of Public Health, Sexually Transmitted Diseases Prevention and Control, to accept and expend a new grant in the amount of $167,680 from the California Department of Health Services, STD Branch, for the period of April 1, 1998 to March 31, 1999, to conduct an STD Training Program.

(3.3) **Central Administration-MIS** - Contract modification and sole source increase with Systems Support Technologies (SST), in the amount of $249,000 for the provision of technical support services for information systems, for the period of June 17, 1997 through June 30, 1998. This modification will bring the contract total to $1,063,000. (DPH contracted with SST for services totaling $582,028 during FY 1996-97).

(3.4) **PH-CHP&P-Tobacco Free Project** - Request for approval of two contract modifications for comprehensive tobacco control services, in the amount of $1,261,500, for the period of January 1, 1998 through June 30, 1999: one with O'Rorke Public Relations and Advertising (O'Rorke), for $900,000 to place anti-tobacco ads on network and cable television; and the other with Polaris Research and Development (Polaris) for $361,500 to evaluate media campaigns, enforcement of the City's tobacco-related ordinances and prevention intervention. (During FY 1996-97 DPH contracted with O'Rorke for services totaling $257,400, and with Polaris for services totaling $781,093).

This item was continued to a future meeting.

(3.5) **CHN-Central Administration** - Reconsideration of a supplemental appropriation request for $10,206,224 to fund increases to salaries and operating accounts in order to meet increased demand for inpatient and outpatient services for FY 1997-98, funded through MediCal, Medicare and private insurance revenues, and to include a transfer of funding from Visiting Nurse Hospice group (VNH) contracts to Community Health Network (CHN) Home Health Agency.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except #3.4 was continued to a future meeting.

Due to a San Francisco Examiner article on the Women's Alcoholism Center, which is funded by the Department, Commissioner Sanchez requested a status report and a copy of the audit on this contractor at the next Budget Committee meeting.

Note: Later during the meeting, Commissioner Sanchez requested this issue be referred to the Joint Conference Committee for Quality Assurance - Public Health, not the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Prenatal Care for Undocumented Residents

Last week, the State Court of Appeals issued an order which allows the State to cut off State-funded prenatal services, although there will be further legal proceedings that could change this situation. On January 29, 1998 the State agreed that the earliest the regulations will be implemented is March 1, 1998 for new applicants, and April 1, 1998 for current beneficiaries.

As previously reported, the Court of Appeals order was issued in the Alameda Superior Court case. In that case, the trial judge ruled that the State regulations were improperly issued, and could not be implemented until federal regulations were promulgated. The State appealed this decision and asked the Court of Appeals to issue an order that would allow the State to implement the regulations while the Court of Appeals considered the merits of the appeal. The Court of Appeals issued that order. However, the Court of Appeals has yet to decide the merits of the appeal, and is expected to do so before March 1st.

A second lawsuit challenging the State's regulations on prenatal services was filed in Los Angeles Superior Court. In that case, plaintiffs allege that the regulations are invalid because they fail to incorporate a public health program for immunizations and the control of communicable disease, an exception provided under Federal law. Plaintiffs also allege that the notices the State plans to send to terminate Medi-Cal benefits do not comply with legal requirements. There is likely to be a hearing in this lawsuit before March 1, 1998.

Due to press reports that State funding could be terminated as early as February 1, 1998, there has been a great deal of confusion and concern about the status of prenatal care services. At this time, the State does not intend to issue any notices to beneficiaries to clarify the status, until approximately March 21st when they are required to notify current beneficiaries that State-funded services will be terminated.

The Department will notify staff that all women continue to be eligible for prenatal care regardless of immigration status. We have also been talking to community-based immigrant and health care rights advocates about possible outreach and media strategies for ensuring all women know that they are eligible for and should continue to seek prenatal care.

Healthy Families Update

Last week, the California Managed Risk Medical Insurance Board passed regulations to implement the Healthy Families Program. The regulations: (1) define the intent of the program; (2) specify the program's eligibility, application and enrollment process; (3) state the health, dental and vision benefits; and (4) provide the health plan rate methodology and family contributions. MRMIB still anticipates a July 1, 1998 implementation date.

Over the past several weeks, MRMIB has dealt with finalizing the definition of community provider plan, specifying which individuals and entities can receive the application assistance fee, revising the co-payment for dental and vision services, addressing health plan 'low-balling' of rates and cultural and linguistic competency among health plans.

The Health Care Financing Administration has responded to the California's Healthy Families State Plan and has asked the State to clarify a number of the programmatic components -- continuous eligibility, application assistance fee, crowd-out, premiums and co-payments, and program budget.

Upon further review, MRIMB and DHS have determined that it cannot implement the purchasing credit component of the program until January 1, 1999. These children would still be eligible for the purchasing pool program

It was also announced that Department of Health Services had awarded the Medi-Cal/Healthy Families outreach and education contract to Runyon , Saltzman and Einhorn, along with the public relations firm Hill and Knowlton. The first phase of the education/outreach campaign will be targeted for Medi-Cal beginning this month, and the second phase targeting Healthy Families is scheduled to begin in May 1998.

Health plans contract proposals are due February 20, 1998 while dental and vision plan proposals are due February 13, 1998. MRMIB anticipates selecting an administrative vendor for the program later this month.

Managed Health Care Improvement Task Force

Early last month the California Managed Health Care Improvement Task Force adopted its executive summary for its report to the Governor. Under the original time line, the final report was to be released by the end of January 1998. As of this date, the final report has not been released.

As you may recall, the Task Force was appointed by the Governor to review, report and make recommendations on the State's managed care system. The Task Force has also been asked to make recommendations on streamlining the State's oversight and regulation of managed care.

The Task Force's recommendations fall into the following major areas:

- Improving Regulation: a new state entity to regulate managed health care, it is currently regulated by the Department of Corporations.

- Making Competition Work for Consumers and Patients: enhance purchasing groups, develop and use risk adjustment, standardize insurance contracts and develop new quality information.

- Improving Quality of Care: improve the dispute resolution process, disclose financial incentives for providers in managed care plans, support physician-patient relationship, provide consumers with unbiased, standardized information, improve the delivery of care and practice of medicine, serve vulnerable populations, address women's health issue and adjust educational program needs at academic medical centers.

The Governor did not sign several pieces of managed care legislation last year pending release of the Task Force's final report. At this point, the Department cannot determine what impact this final report will have on pending legislation or on the State's regulation of managed care plans.

Mayor's HIV/AIDS Summit

Approximately 900 people attended the Mayor's day-long AIDS Summit on January 27th at the Masonic Auditorium. The Mayor called the Summit to examine the challenges and opportunities created by medical advances in AIDS/HIV treatment and to recommend policy changes so that the City responds effectively in the new AIDS environment. In addition to remarks by Mayor Brown, presentations were made by experts and researchers who spoke on various issues and related changes in the epidemic.

Immediate results of the Summit include:

- Creation of the Mayor's AIDS Leadership Forum, Sandra Hernandez, MD, will host the first meeting of the Forum in April, 1998.
- Announcement of a City-wide media campaign to promote the Department of Public Health's HIV/AIDS Employment Development Unit, whose creation is one of the Summit's principal recommendations.
- Appointment of Dick Pabich, a long-time AIDS activist and Summit Coordinator, to a new post of AIDS Public Policy Coordinator.

The Department is pleased to acknowledge the excellent, day-long volunteer efforts of 30 DPH employees, many of whom are seasoned veterans of previous Mayoral Summits.

DPH Launches Website

I am pleased to announce that beginning this week, the Department of Public Health has an official World Wide Web at http://**www.dph.sf.ca.us**. The site, which includes information and services from all three DPH divisions and a special Health Commission menu, is also linked to CitySpan, San Francisco's official City Website at http://**www.ci.sf.ca.us**.

We will continue to update, reconfigure and improve the site over the coming months based on your feedback. Many thanks to the Central Administration Network and Systems staff who have worked endless hours, including evenings and weekends, to make the website a reality. We owe a special thanks to Cecile Lavoie, Webmaster; Vickie Zulueta, Central Administration, MIS Manager; Bill Hurja, Network Manager; Drew Camens, Systems Engineer; Kjeld Molvig, CHN Webmaster; and Eileen Shields, DPH Central Oversight.

PUBLIC HEALTH

Community Health Services

I am sorry to inform you that Pat Reynolds, Director of the Community Health Services Branch of the Public Health Division, will be leaving us on February 13 to accept a position with the Stuart Foundation. We are grateful for her contributions and we wish her well in her return to the Stuart Foundation, where she worked prior to her tenure at the Department of Social Services. We will miss her personally and professionally.

Public Health Administration

As part of the collaboration between the Public Health Division and San Francisco State University, the first of a series of Urban Health Seminars will be held February 4, in Room 300, from 3:00-5:00 p.m. on "The Future of Public Health." The keynote address will be delivered by Rick Brown, Ph.D., Professor of Public Health at UCLA and immediate Past President of the American Public Health Association (APHA). The panel of respondents will include Joyce Lashoff, Ph.D., also a Past President of APHA and a former Professor of Public Health at UC Berkeley; George Flores, M.D., M.P.H., Health Officer for Sonoma County; Lisa Moore, Dr. P.H. Associate Professor of Health Education, SFSU and, Bob Prentice, Ph.D., Director of the Public Health Division for the San Francisco Department of Public Health. Commissioners, staff and the public are invited to attend. On a related matter, you might also be interested to know that San Francisco State University has received its final approval to go ahead with its new Masters in Public Health program this fall. As has been reported previously, the new MPH program will be conducted jointly with the Department of Public Health.

Public Health Focus at UCSF/CHN Retreat

At the recent retreat of UCSF and the medical staff of the Community Health Network, Bob Prentice was invited to discuss areas of potential collaboration between the University and Public Health. Until now, the Affiliation Agreement with UCSF has been primarily restricted to the medical staff at SFGH. At the request of Phil Hopewell, M.D., the new Associate Dean and Chief of Pulmonary Medicine, this year's retreat explored ways in which not only the CHN medical staff but UCSF as a whole might act as partners in achieving public health objectives. The presentation and small group discussions focused on research, development of the population health profile, incorporation of public health into clinical training and institutional collaboration on large public health projects.

Appointment

I am pleased to announce the appointment of Ms. Ginger Smyly to the position of Deputy Director, Community Health Promotion and Prevention. Ginger has been an active participant in the development of community-based prevention perspectives, plans and programs for the new Prevention Branch of Public Health. Among other duties, Ginger will be responsible for the development of health promotion and prevention programs in the areas of health promotion, injury control, violence prevention and chronic disease prevention.

Smoking Ban in Bars

On January 28, the State Assembly narrowly passed AB 297, which would repeal the bars, taverns and gaming club provisions of the California Smokefree Workplace Act. The bill would rescind the prohibition and permit smoking in bars and casinos at least until the year 2001. Thirty-one Republicans were joined by eleven Democrats in passing this tobacco industry-backed bill.

The tobacco industry and gambling interests have been waging a battle to repeal the smoke-free bar provision. The industry's lobbying corps has been active in persuading swing democrats to vote for repeal. The public relations campaign has been organized by the tobacco industry funded National Smokers Alliance.

Although this bill passed the Assembly, a different response is expected from the State Senate. John Burton, who will replace Bill Lockeyer as leader of the Senate on February 5, opposes rescinding the ban and has indicated that there will be no Senate action on the smoking ban for weeks if not months according to a January 30th article in the San Francisco Chronicle.

The Environmental Health Section has previously been designated by the Board of Supervisors to enforce State Labor Code Section 6404.5 which prohibits smoking in bars. An informal survey by Inspection staff reveals that 75 to 80% of the facilities visited were complying with this statute. The month of January was devoted to providing educational information relative to their responsibilities.

Beginning in February, bars found not complying are being issued citations to the weekly administrative hearings conducted by the Department to warn them that arrest citations (traffic like tickets) will be issued by the Department to establishments refusing to comply. Patrons who continue to smoke after being requested to step outside by proprietors are also subject to citation by the Police Department.

Women's Alcoholism Center

As the Commissioners may be aware, there was a recent article that came out regarding Women's Alcoholism Center. Community Substance Abuse Services are reviewing these issues very closely and will be providing an update on these issues in the near future.

COMMUNITY HEALTH NETWORK

Preparation for upcoming DHS survey of our MHRF/4A Facility.

We are preparing for the upcoming MHRF/4A survey via a series of administrative sessions every Monday morning. The sessions include review of organization charts, policies and procedures, physical plant issues, residents rights, CNA certification and staff education/orientation, pharmacy and medication issues, and resident funds issues.

We will be conducting a mock survey February 4-5. The actual survey will be unannounced.

Food Borne Illness Incident at a S.F. Downtown Hotel

Early Sunday morning, January 26, 1998, the combined Fire/Paramedic Dispatch Center responded to calls from numerous participants of a convention group visiting a San Francisco downtown hotel. Participants were complaining of nausea, vomiting and abdominal pain.

With the tremendous cooperation of the hotel staff, a triage center was set up at the hotel. The hotel supplied blankets, cots, water, juice and crackers. The Assistant Medical Director of the Fire EMS Department was dispatched to the hotel to provide care for patients. Sixty-three patients were triaged and seven were transported to nearby hospitals.

Overall the Emergency Medical Services response was of the highest quality. The Fire Department Communication Captains Cavanaugh and Leonard; the San Francisco Fire Department Assistant EMS Medical Director, E. Isaacs; Public Information Officer, Edward Campbell; all crew members of Engine/Rescue Battalion 1; and Nancy Nowicki, Rescue Captain, EMS Division, along with the hotel staff, deserve special recognition.

Our Epidemiologic and Environmental Health team headed by Tomas Aragon, M.D. have been assessing the cause of the incident. The epidemiology is consistent with food borne illness. We have interviewed over 200 convention participants. At this time it is still unclear what the source was that caused the illness.

Immunization Station in the Hawkins Village Medical Clinic

The Silver Avenue Family Health Center is pleased to announce the opening of the "Immunization Station" in the Hawkins Village Medical Clinic. As part of the primary care and public health services offered, the clinic has identified Wednesday afternoons to focus on administering immunizations to the school children, community organizations, and residents of Visitacion Valley, Bayview Hunters Point, and the southern part of Excelsior. Immunization clinic hours are 1:00 p.m. to 4:00 p.m. on Wednesdays. Hawkins Village Medical Clinic is open Mondays through Thursdays, 1:00 p.m. to 4:00 p.m. The immunization clinic officially opened on January 21, 1998.

The Hawkins Village Medical Clinic is a Proposition J funded satellite clinic of the Silver Avenue Family Health Center. The immunization team assigned to the clinic represents a coordinated effort by Silver Avenue Family Health Center, the Department of Epidemiology in the division of Public Health, and San Francisco General Hospital's Department of Pediatrics. Medical Supervision is provided by Dr. Dick Brown of the Department of Pediatrics. The staff of Silver Avenue Family Health Center and Hawkins Village hope this service will fill a very important void in the lives of valley residents.

5) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE RELOCATION OF OBSTETRICS SERVICE FROM CHINESE HOSPITAL TO CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Vice President Sanchez presided on this item. Commissioner Monfredini and Commissioner Chow abstained on this item due to conflict of interest.

> Action Taken: The Commission adopted Resolution #6-98, "Determining Whether the Relocation of Obstetrics Service from Chinese Hospital to California Pacific Medical Center Will or Will Not Have a Detrimental Impact on Health Care Service of the Community," (Attachment B). Commissioner Monfredini and Commissioner Chow abstained.

Rose Pak, a Trustee of Chinese Hospital, offered support to the Commission and the Department on any outreach efforts to the community.

6) STATUS REPORT ON THE MAYOR'S BLUE RIBBON COMMITTEE ON UNIVERSAL HEALTH CARE COVERAGE

Tangerine Brigham, Director of Policy and Planning, gave an update on the work of the Mayor's Blue Ribbon Committee, which has been meeting since November 1996 to develop recommendations on how the County might best pursue expanded health care coverage for the uninsured. The 30-member Committee includes providers, consumers, insurers, employers, community-based organizations, labor, and health advocates.

For a copy of the status report, contact the Commission Office at 554-2666.

Ms. Brigham highlighted the following areas of work by the Committee:

- San Francisco's Uninsured Population
- Designing a Health Insurance Program
- Proposed Purchasing Alliance/Pool Model
- Purchasing Program Components
    - eligibility
    - scope of benefits
    - health plan providers
    - financing
    - administrative structure
    - governance
- Pilot Program
- Impact on Department of Public Health
- Community Forums

Ms. Brigham reported that the Committee has not issued its final recommendations. She requested guidance from the Commission as the Committee prepared its recommendations to the Mayor.

Feb 3

Commissioners' Comments:

- How will be work of the Blue Ribbon Committee fit into the 1115 Waiver?
- Business community should be included in discussions
- A Community Forum was not held in Chinatown
- A universal plan may be inclusive but may not be viable
- Is copayment of $15.00 unrealistic?
- An important part of the cost and the impact on the public health system is to project which populations will be left out

Public Speaker: Steve Leoni, consumer advocate recommended a mental health representative be included on the 1115 Waiver Planning Committee.

Ms. Brigham reported that the final recommendations from the Committee to the Mayor will come out in the Spring.

Dr. Katz encouraged the Commission to help problem-solve the question of how to do universal health care and yet maintain the public health system.

7) PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99, AND A PROPOSED RESOLUTION FOR A POLICY TO EXPAND HOUSING SERVICES, PREVENTION SERVICES, MANAGEMENT INFORMATION SERVICES (MIS), AND TO CREATE A DEPARTMENTAL RESERVE

Note: The Proposed Department of Public Health Budget for FY 1998-99 is available for review at the Commission Office.

Monique Zmuda, Chief Finance Officer, presented the following:

The proposed budget for next year is divided into two sections: 1) the base budget, which includes expenses and revenues needed to maintain the current level of services; and 2) service enhances, which are proposed separately for your review, consistent with the Mayor's budget instructions.

This budget incorporates the implementation of key policy issues already approved by the Health Commission, including expansion of substance abuse treatment consistent with the Treatment on Demand Program, increased funding to provide equal access to mental health treatment for indigent and uninsured San Francisco residents. It contains the implementation of health coverage for in-house supportive service workers by leveraging Federal funds through the Department of Human Services.

In the Proposed FY 1998-99 Budget, we request the Health Commission to consider and approve a policy to expand health and supportive housing services to the homeless, and to expand and develop key primary prevention initiatives (African American health, injury prevention, substance abuse prevention, and children's health). Also requested is approval of a policy to increase Management Information Systems (MIS) support in order to link public health system to our network and to replace critical MIS hardware components to operate our existing systems. Finally, approval is requested for a policy statement to reinvest current year surplus revenues to fund infrastructure requirements, including the establishment of prudent revenue reserve for next year. This policy is presented to the Commission in the form a resolution, which is attached for your review and consideration for the next Health Commission meeting.

Also included in the Budget is increased funding for critical infrastructure improvements in order to maintain support services for the Department's health delivery system. In the area of expansion of services, the FY 19998-99 Budget proposes to augment existing services in the areas of environmental health, maternal and child health, adolescent health, urgent care, and primary care. Also included are proposals to develop a medical/psychiatric program and a dementia care program for Laguna Honda Hospital residents.

Once approved by the Health Commission, the Department's budget proposal will be forwarded to the Mayor's Office.

Ms. Zmuda highlighted the Proposed FY 1998-99 Budget for the revenues, expenditures, and general fund support, (Attachment C). Her presentation covered these subjects:

Organization
a) Completion of Reorganization of Public Health Division

Baseline Budget

Pending Supplemental Appropriations
a) Base Supplemental Appropriation
b) Volume Supplemental Appropriation

Revenues
a) Revenue Projections
b) Lost Grants Revenues
c) State Budget
d) Current Year Projected Surplus

New Initiatives
a) Treatment on Demand
b) Equal Access to Care - Mental Health Services
c) Prevention
d) Housing
e) Infrastructure
f) Lost Grants
g) Service Enhancements
h) COLA's
i) Revenue Generating New Initiatives
j) Universal Health Care
k) HIV/AIDS

Capital Requests

Public Speakers: Mark Stanford, Local 535
Joe Rubino, Conard House
Richard Heasley, Conard House
Jennifer Freidenbach, Coalition for Homelessness

Commissioners' Comments:

- The presentation of the budget proposal is a comprehensive package
- The proposed capital reserve policy should be in a separate resolution
- A reserve policy is needed for the Department
- Some of the other policy issues in the proposed resolution should be in separate resolutions
- What is the Department leaving out of the Target Cities Project?
- Support was expressed for the roof at Laguna Honda Hospital and the specialty wards for medical/psychiatric patients, geropsychiatric patients, and neuropsychiatric patients
- Support was expressed for rodent control and COLA's
- For the future, in order that specific attention be given to the budget, a single item for the budget presentation and discussion should be calendared on the agenda

The Commission will vote on the Proposed FY 1998-99 Budget at the February 17, 1998 meeting.

8) STATUS REPORT ON PROVIDER NETWORK OUTREACH FOR THE SAN FRANCISCO MENTAL HEALTH PLAN

Jo Ruffin,. LCSW, Director of Community Mental Health Services, reported that on April 1, 1998, as part of the State's Medi-Cal Mental Health Managed Care Plan, Community Mental Health Services (CMHS) will assume responsibility and receive State and Federal funding for all specialty mental health services for San Francisco Medi-Cal beneficiaries. On that date, CMHS will formally begin operations of the San Francisco Mental Health Plan, which has been implemented in phases over the last three years. The State approved CMHS' Implementation Plan in August.

Today's presentation centered on the Mental Health Division's operational readiness for start-up of the San Francisco Mental Health Plan. For a copy of the report, contact the Commission Office at 554-2666.

Ms. Ruffin presented a functional structure chart, (Attachment D), of the S.F. Mental Health Plan, and introduced here key staff who will implement the Plan.

The status report included the progress in the provider network development, access and authorization, and claims processing.

The infrastructure for the Mental Health Plan includes the following:

- access/authorization
- eligibility policy
- provider network
- system of care, an array of services
- information systems
- member problem resolution and grievance process
- quality management

Community Mental Health will come back with a progress report at the end of May.

Commissioners' Comments:

- The overview and presentation were excellent.
- The level and quality of this report was valuable and comprehensive.
- The Mental Health Plan gives a positive excitement about managed care.
- The Mental Health Plan addressees all of the elements needed for managed care.
- A full-time Medical Director and an interdisciplinary effort focusing on the client are positive aspects of the plan.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

Commissioner Guy and Commissioner Sanchez left the meeting.

10) CLOSED EXECUTIVE SESSION

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a)).

C. POSSIBLE CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION

VALERIE SMITH V. CITY AND COUNTY OF SAN FRANCISCO (SFGH), SUPERIOR COURT #985-455, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $8,500

Action Taken: The Commission voted to go into Closed Session.

D) RECONVENE IN OPEN SESSION:

1) POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission approved the settlement of $8,500 for Valerie Smith v. CCSF (SFGH) Superior Court #985-455.

2) **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 7:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-98

SUBMITTING THE NAME OF MITCHELL H. KATZ, M.D. TO THE MAYOR FOR APPOINTMENT AS DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the City and County of San Francisco Charter Section 4.102 provides the procedure for the appointment of Department Heads; and,

WHEREAS, under that procedure, Commissions normally submit three applicants to the Mayor for the Mayor's consideration and the Mayor selects from among these names; and,

WHEREAS, the Health Commission believes that Mitchell H. Katz, M.D. would be the most appropriate person for the position of Director of the Department of Public Health; and,

WHEREAS, the Mayor has informed the Health Commission that he believes that Dr. Katz's experience and dedication to the public health make him the strongest candidate for Director, and has strongly encouraged the Commission to forward Dr. Katz's name for appointment as the next Director of the Department of Public Health; and,

WHEREAS, in light of these circumstances, proposing additional names of potential applicants is unnecessary; now, therefore, be it

RESOLVED, that the Health Commission hereby submits the name of Mitchell H. Katz, M.D. to the Mayor for appointment to the position of Director of the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 3, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-98

DETERMINING WHETHER THE RELOCATION OF OBSTETRICS SERVICE FROM CHINESE HOSPITAL TO CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, the Chinese Hospital was founded in 1925 to provide medical care to Chinese immigrants; and,

WHEREAS, the Chinese Hospital Obstetrics Unit includes a "Level 1" nursery, as classified by the American College of Obstetrics and Gynecology; and,

WHEREAS, San Francisco Chinese patients and their physicians have increasingly selected perinatal units with "Level 3" nurseries, which has resulted in a declining obstetrics service census at Chinese Hospital; and,

WHEREAS, in keeping with Chinese Hospital's mission to provide community access to high quality, cost effective, and culturally competent services, it continues to form community partnerships to provide segments of the spectrum of health care services; and,

WHEREAS, the Chinese Hospital Board of Trustees has established an exclusive Memorandum of Understanding with California Pacific Medical Center, whereby California Pacific Medical Center would augment its current provision of perinatal services for patients of Chinese Hospital, including enrollees of Chinese Hospital's affiliated health care service plan and other managed care contracts of the Hospital, as well as referred Medi-Cal, indigent, and self-pay patients; and,

WHEREAS, under the Memorandum of Understanding with California Pacific Medical Center, all existing Chinese Hospital obstetricians and pediatricians will have access to medical staff privileges at California Pacific Medical Center, and employment will be offered to all obstetrics nursing personnel employed by Chinese Hospital; and,

WHEREAS, California Pacific Medical Center has agreed to create a Joint Advisory Board to monitor and address Chinese Hospital's concerns regarding cultural competencies, access, and availability of perinatal services at California Pacific Medical Center; and,

WHEREAS, in accordance with the Health Care Planning Ordinance, the Health Commission held a public hearing on January 20, 1998; now, therefore, be it

RESOLVED, that the Health Commission determines that the relocation of obstetrics service from Chinese Hospital to California Pacific Medical Center will not have a detrimental impact on health care service of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 3, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

I. INTRODUCTION

The total proposed budget for FY 98-99 for the Department of Public Health, including recurring grants is $837.2 million in FY 98-99. This is a $86.3 million increase over the current year budget of $751.0 million.

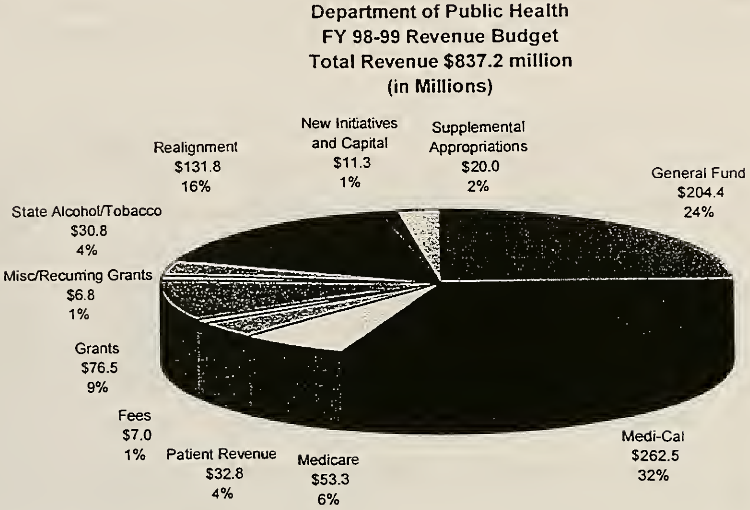
	REVENUES			EXPENDITURES		
Division	**FY 97-98 Budget**	**FY 98-99 Budget**	**Increase / (Decrease)**	**FY 97-98 Budget**	**FY 98-99 Budget**	**Increase / (Decrease)**
Baseline	517,630,602	525,009,429	7,378,827	670,397,514	681,520,341	11,122,827
Labor MOU's	-	-	-	-	8,000,000	8,000,000
Supplementals	-	20,014,080	20,014,080	-	21,214,080	21,214,080
New Initiatives	-	4,211,449	4,211,449	-	32,941,123	32,941,123
Capital	-	7,069,137	7,069,137	-	17,061,516	17,061,516
Subtotal	517,630,602	556,304,095	38,673,493	670,397,514	760,737,060	90,339,546
Grants	80,576,282	76,511,779	(4,064,503)	80,576,282	76,511,779	(4,064,503)
Total	598,206,884	632,815,874	34,608,990	750,973,796	837,248,839	86,275,043

General Fund support in FY 98-99 is projected to increase $51.7 million from $152.8 million in FY 97-98 to $204.4 million.

	GENERAL FUND		
Division	**FY 97-98 Budget**	**FY 98-99 Budget**	**Increase / (Decrease)**
Baseline	$ 152,766,912	$ 156,510,912	$ 3,744,000
Labor MOU's	-	8,000,000	8,000,000
Supplementals	-	1,200,000	1,200,000
New Inititatives	-	28,729,674	28,729,674
Capital	-	9,992,379	9,992,379
Total	152,766,912	204,432,965	51,666,053

Attachment C
Page 1 of 2

Revenues are projected to increase $34.6 million from $598.2 million in FY 97-98 to $632.8 million in FY 98-99. Revenues are as follows:



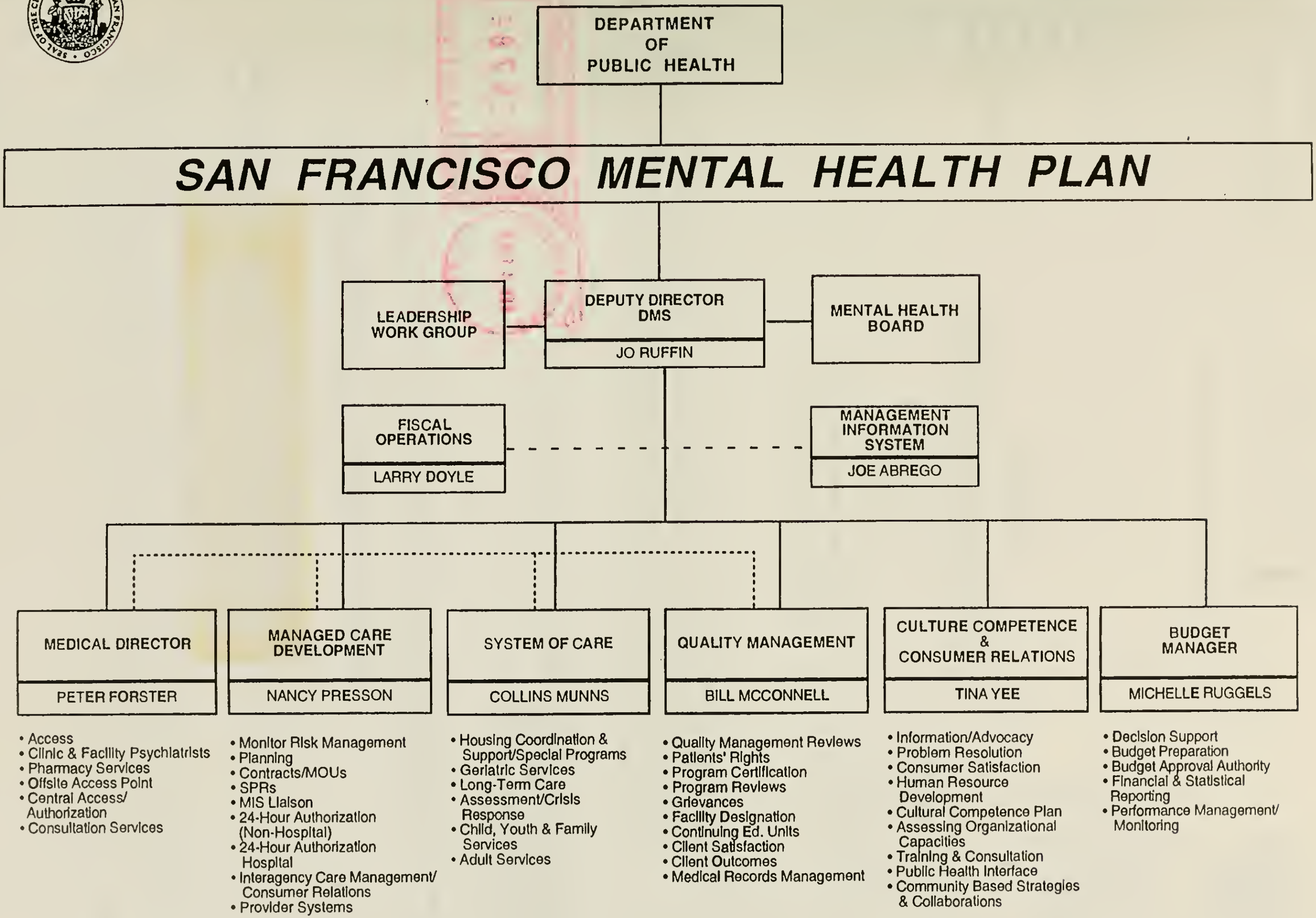
The Mayor has instructed departments to submit a baseline budget which will maintain the current level of services. All funding requests above those that are needed to maintain current programs will be considered as service enhancements. The Department is presenting its capital program along with the operating baseline and service enhancement proposals as it budget submission for the Commission's review and consideration.

The capital project budget approval process is integrated into the budget process. However, approval of capital requests is required by the City Capital Improvement Advisory Committee. This citywide committee will meet in March to consider and prioritize funding for all projects proposed by City Departments. If approved for funding, the capital projects will be added to the budget.

Once approved by the Health Commission, the Department will submit its budget proposal to the Mayor on February 20, 1998. The Mayor and his staff will review, analyze, prioritize and fund requests to be included as part of the Mayor's budget, which will be transmitted to the Board of Supervisors on June 1, 1998. The Board of Supervisors will hold hearings on the budget, may propose budget amendments, and will approve the budget in the months of June and July.

The Department will keep the Commission informed on changes made to the budget as the process proceeds throughout the Spring and Summer.

Attachment C
Page 2 of 2


DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO MENTAL HEALTH PLAN
LEADERSHIP WORK GROUP
DEPUTY DIRECTOR DMS
JO RUFFIN
MENTAL HEALTH BOARD
FISCAL OPERATIONS
LARRY DOYLE
MANAGEMENT INFORMATION SYSTEM
JOE ABREGO
MEDICAL DIRECTOR
PETER FORSTER
• Access
• Clinic & Facility Psychiatrists
• Pharmacy Services
• Offsite Access Point
• Central Access/ Authorization
• Consultation Services
MANAGED CARE DEVELOPMENT
NANCY PRESSON
• Monitor Risk Management
• Planning
• Contracts/MOUs
• SPRs
• MIS Liaison
• 24-Hour Authorization (Non-Hospital)
• 24-Hour Authorization Hospital
• Interagency Care Management/ Consumer Relations
• Provider Systems
SYSTEM OF CARE
COLLINS MUNNS
• Housing Coordination & Support/Special Programs
• Geriatric Services
• Long-Term Care
• Assessment/Crisis Response
• Child, Youth & Family Services
• Adult Services
QUALITY MANAGEMENT
BILL MCCONNELL
• Quality Management Reviews
• Patients' Rights
• Program Certification
• Program Reviews
• Grievances
• Facility Designation
• Continuing Ed. Units
• Client Satisfaction
• Client Outcomes
• Medical Records Management
CULTURE COMPETENCE & CONSUMER RELATIONS
TINA YEE
• Information/Advocacy
• Problem Resolution
• Consumer Satisfaction
• Human Resource Development
• Cultural Competence Plan
• Assessing Organizational Capacities
• Training & Consultation
• Public Health Interface
• Community Based Strategies & Collaborations
BUDGET MANAGER
MICHELLE RUGGELS
• Decision Support
• Budget Preparation
• Budget Approval Authority
• Financial & Statistical Reporting
• Performance Management/ Monitoring

QMS: Revised 1/27/98

Attachment D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
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David J. Sánchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

/17/98

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AGENDA

HEALTH COMMISSION MEETING

February 17, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:15 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING FEBRUARY 3, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Consideration of a request to substitute the "Grant Application Information Form" for the "Health Commission Summary of Grant Request" for Health Commission review of requests for grant approvals.

(3.2) **PH-CHS-HIV Postexposure Prophylaxis Project** - Request to retroactively accept and expend new funding in the amount of $140,156 from the University of California, San Francisco, Center for AIDS Prevention Studies, to provide counseling and medical services for HIV postexposure prophylaxis services for the period of December 1, 1997 through November 30, 1998.

(3.3) **PH-CHS-Mental Health Services** - Request to retroactively accept and expend a renewal grant in the amount of $60,000 from the Miriam and Peter Haas Fund to support a consultant planner to develop policies and programs for the mental health managed care plan for the period of December 15, 1997 through December 14, 1998.

(3.4) **PH-CHP&P-Dental Health Services** - Request to accept and expend retroactively new funding in the amount of $63,295 from the Dental Health Foundation to provide preventive dental health services to low-income and immigrant children for the period of January 1, 1998 through February 29, 2000.

(3.5) **Central Administration-Finance** - Request to increase the revolving fund for the Public Health division by $8,000 to $33,000.

(3.6) **PH-CHS** - Request to approve the extension of 54 CARE-funded AIDS health services contracts from March 1, 1998 through June 30, 1998.

(3.7) **PH-CHS-MH** - Request to exercise fourth year option of a 4-year contract with Crestwood Hospitals, Inc./Crestwood Behavioral Health, Inc. (Crestwood), in the amount of $4,341,508 to provide 24-hour services and subacute locked skilled nursing services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Crestwood for services totaling $6,222,892 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF A RESOLUTION CREATING A RESERVE FOR THE DEPARTMENT OF PUBLIC HEALTH**

6) **CONSIDERATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99, AND CONSIDERATION OF A RESOLUTION FOR A POLICY TO EXPAND HOUSING SERVICES, PREVENTION SERVICES, AND SPECIFIC INFRASTRUCTURE PRIORITIES**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

7/98

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 17, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 3, 1998

Action Taken: The Commission unanimously adopted the minutes of February 3, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Consideration of a request to substitute the "Grant Application Information Form" for the "Health Commission Summary of Grant Request" for Health Commission review of requests for grant approvals.

Monique Zmuda, CFO, welcomed suggestions from Commissioners on information to be included in the new Grant Application Information Form.

Commissioner Sanchez commented that the Budget Committee will periodically review grant and contract policies.

(3.2) **PH-CHS-HIV Postexposure Prophylaxis Project -** Request to retroactively accept and expend new funding in the amount of $140,156 from the University of California, San Francisco, Center for AIDS Prevention Studies, to provide counseling and medical services for HIV postexposure prophylaxis services for the period of December 1, 1997 through November 30, 1998.

(3.3) **PH-CHS-Mental Health Services** - Request to retroactively accept and expend a renewal grant in the amount of $60,000 from the Miriam and Peter Haas Fund to support a consultant planner to develop policies and programs for the mental health managed care plan for the period of December 15, 1997 through December 14, 1998.

Anita Fong is the consultant planner who will continue under this grant renewal.

(3.4) **PH-CHP&P-Dental Health Services -** Request to accept and expend retroactively new funding in the amount of $63,295 from the Dental Health Foundation to provide preventive dental health services to low-income and immigrant children for the period of January 1, 1998 through February 29, 2000.

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Commissioner Monfredini expressed to the contractor that the Commission views the Board and staff compliance policy seriously. She stated that Advisory Boards are not acceptable for compliance. She suggested to the contractor to consider adding two more Board members who will be non-shareholders with voting privileges.

Commissioner Barnes advised the contractor to relook at its bylaws and increase the number of Board members. She requested the Department have an alternative plan in place if the present contractor continues to remain non-compliant. She also noted that this renewal is retroactive.

Commissioner Sanchez suggested this contractor's Board reassess the importance of continuing to do business with the Department and then look for models to adhere to compliance. He requested a report back to the Budget Committee prior to renewal of this contract.

The Commissioners approved the retroactive contract for the current fiscal year but will review the contractor's plan for compliance prior to any future renewals.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Emergency Shelters Opened

The recent onslaught of storms resulting from El Niño caused the Mayor to declare a State of Emergency in San Francisco on February 5. The declaration put emergency operations into place and the Red Cross opened three emergency shelters in Recreation and Parks facilities at:

- 6th and Folsom, in the SOMA area;
- the Joe Lee Recreation Center, in Bayview Hunters Point; and
- Kezar Auditorium in the Haight.

Since the emergency shelters opened February 6, DPH has provided medical, mental health and substance abuse services to those housed at the shelters. The Department has also provided oversight of environmental health issues.

This experience granted an excellent opportunity for DPH to test its own emergency response program. In addition, the experience has been an invaluable learning tool for piloting the integrated delivery system model proposed in the Department's recent reorganization.

I am pleased with the performance and commitment of DPH staff, who have worked long hours to assure that all who sought shelter had access to medical and mental health services.

PUBLIC HEALTH

Chlorinated Drinking Water

This past week there was considerable coverage of an article that will appear in the next issue of Epidemiology which suggests a relationship between some drinking water and miscarriages. Specifically, the study suggests that women who drink more than five glasses per day of drinking water which contains more than 75 parts per billion of Total Trihalomethanes (TThm) during their first trimester of pregnancy may be at greater risk for miscarriages. San Francisco's drinking water often exceeds this level.

While the results of the study are of great concern to us, the study has a number of limitations. Our staff are working closely with the staff of the Public Utilities Commission to get more information and to generate a coordinated response.

In the meantime citizens who are concerned should call the PUC's Water Quality Bureau at (650) 872-5942. We are currently advising people who are concerned to speak with their physician. We are also telling people who want to remove TThm's from their tap water that they can use activated charcoal filters or they can boil their water.

COMMUNITY HEALTH NETWORK

Community Health Network Resignation

It is with regret that I announce the resignation of Richard Cordova, who served as the Executive Administrator of the Community Health Network. Rich left DPH last Friday to accept a position as Vice President of the East Bay region of Kaiser Permanente. I am sure you join me in thanking Rich Cordova for the fine leadership he provided over the last six years as Administrator of SFGH/CHN.

Rich leaves behind a leadership team that is capable of taking the Community Health Network to the next step.

I asked Anthony Wagner to act as Interim Executive Administrator of the Community Health Network. I look forward to working with Tony in his new role, and am confident in his ability to lead and direct the CHN through this transition period.

SFGH CREDENTIALING
4th Quarter 1997 Board Report

New Appointments	82	354
Reappointments	55	357
Delinquencies	5	97
Reappointment Denials	0	0
Resigned/Retired	16	84
Disciplinary Actions	0	0
Restrictions/Limitation of Privileges	0	0
Changes in Privileges (additions/deletions)	30	138

President Monfredini acknowledged Anne Kronenberg, Eileen Shields, Barbara Garcia, and all Department of Public Health staff who have worked on the operations of the emergency shelters. Commissioner Guy has been receiving positive responses to the shelters. Commissioner Chow complimented the Department staff for responding to the needs of the public.

5) CONSIDERATION OF A RESOLUTION CREATING A RESERVE FOR THE DEPARTMENT OF PUBLIC HEALTH

Monique Zmuda, Chief Finance Officer, reported that this reserve will be a Departmentwide reserve that will be used to replace revenues that have been volatile due to uncertainties of State and Federal government programs and their rules for claiming and eligibility. Surplus revenues in the current fiscal year will be used to establish a reserve fund. The reserve will be replenished to a minimum amount and when surplus funds are available.

Action Taken: The Commission unanimously adopted Resolution #8-98, "Creating a Department of Public Health Reserve to Guard Against Future Funding Uncertainties", (Attachment A).

6) CONSIDERATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99, AND CONSIDERATION OF A RESOLUTION FOR A POLICY TO EXPAND HOUSING SERVICES, PREVENTION SERVICES, AND SPECIFIC INFRASTRUCTURE PRIORITIES

Monique Zmuda, Chief Finance Officer, reported that the fiscal year 1998-99 annual Department of Public Health budget will be transmitted to the Mayor and the Controller on February 20, 1998. In May, the Controller certifies the revenues. In June, the Mayor transmits the City Budget to the Board of Supervisors. The Finance Committee of the Board holds hearings on the budget and makes recommendations to the full Board. The Board of Supervisors votes on the budget in early July.

Ms. Zmuda presented additional information requested by members of the Commission regarding the Department's budget request for FY 1998-99:

- Cost information on population-based prevention programs;
- Estimated cost and timeline to implement Treatment on Demand for multiyear periods;
- Information on the Target Cities grant funded programs which will be phased out in FY 1998-99; and
- Details on capital projects to comply with Joint Commission on Accreditation of Hospitals.

Additionally, the following new initiatives were proposed for inclusion in the budget: (Attachment B).

- Risk Management Plan for businesses storing regulated substances which is supported entirely by fees;
- Further augmentation of rodent control program;
- Action Point Centers for HIV infected persons; and
- An employment reentry program for HIV-infected persons.

The Department will work with the Mayor's Office to develop further details and specific dollar amounts for the last two new initiatives. These new initiatives, the Action Point Center and Employment Reentry Program, were recommended at the Mayor's AIDS/HIV Summit. The Department will present details of these two new programs at a future Commission meeting.

Commissioners' Comments:

- Commissioners expressed appreciation for the clear, organized, and informative budget document.

- Commissioner Guy encouraged the Department to work with the community-based organizations who already anticipated what is needed and what the numbers are for an employment program. There should be a determination about what the Department could do and what should be contracted out.

- Commissioner Chow expressed support for the enhancement of rodent control. He also supported population-based prevention programs and the Department's process in determining a population-based need (i.e., study by NICOS).

- Commissioner Sanchez pointed out that the proposed budget calls for major funding and emphasized the opportunity to seek more grants. He also reported that the Budget Committee will be reviewing the Department's capital budget.

- Commissioner Monfredini expressed her high priority for roof repairs at Laguna Honda Hospital.

- Commissioner Guy expressed her appreciation for a report that addresses the high-volume census at San Francisco General Hospital. A copy of this report was requested for each Commissioner.

President Monfredini acknowledged two letters submitted to the Commission in support of prevention programs:

Gary Rayan, D.D.S., S.F. Dental Society
Neil Gendel, Healthy Children Organizing Project

Public Speakers:

Paul Causey, AIDS Benefits Counselors
Karen Greener, LIFE Program
Gary Virginia, PWA and AIDS Benefits Counselors
Stephen J. LeBlanc, San Francisco Citizen with HIV
Dan Merer, staff nurse, SFGH, Emergency Department, Local 790, Shop Steward
Dale M. Butler, SEIU Local 790
Hank Wilson

Action Taken: The Commission unanimously adopted Resolution #9-98, "Expanding Services for Housing for the Homeless, for Prevention of Illness, and for Maintaining and Expanding Existing MIS and Other Infrastructure Within the Department," (Attachment C).

Action Taken: The Commission unanimously adopted the proposed Department of Public Health Budget for fiscal year 1998-99; and that this budget be transmitted to the Mayor.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-98

CREATING A DEPARTMENT OF PUBLIC HEALTH RESERVE TO GUARD AGAINST FUTURE FUNDING UNCERTAINTIES

WHEREAS, in the past, revenues to the Department of Public Health have been volatile due to uncertainties of the State and Federal government programs and their rules for claiming and eligibility; and,

WHEREAS, the Department's reliance on City General Funds has been declining over time; and,

WHEREAS, the Department of Public Health is projecting a revenue surplus in the current fiscal year; and,

WHEREAS, the Department has recommended that a prudent Department of Public Health reserve be created to guard against uncertainties in revenues in subsequent years; and,

WHEREAS, surplus revenues could be used to establish a reserve fund; now, therefore, be it

RESOLVED that the Health Commission supports the use of current year surplus funds to protect the Department from funding uncertainties in future years; and, be it

FURTHER RESOLVED that the Health Commission supports the creation of a prudent revenue reserve for the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

New Programs

Environment Health Risk Assessment Plan Review
The Department requests a new initiative within the Bureau of Environmental Health Management. This program will fund the review of risk management plans prepared by businesses which store regulated substances (hazardous materials). Businesses which store these materials are required by ordinance to develop risk management plans. The Department proposes to fund a contractor to assist businesses to develop and review these plans. The program will be fully funded by fees charged to businesses. The fee has already been approved by the Board of Supervisors.

Rodent Control
Pursuant to a request by the Mayor's Office, the Department proposes to augment rodent control programs. This new initiative will fund a pest control firm to eradicate rats and rodents from the City streets.

The Public Utilities Commission has committed to increasing its funding in the next fiscal year to eradicate rats within the sewer systems. The new initiative requested by the Bureau of Environmental Health will focus its rodent control efforts above the surface to significantly reduce the rat population within San Francisco. This request of $200,000, if approved, will be funded with new General Funds.

HIV Action Point Centers
Pursuant to recommendations made during the AIDS/HIV Summit last month, the Department proposes to develop action point centers which would support client adherence, lifestyle and readiness for combination drug therapies. The strategically placed centers will provide telephone and drop-in services to clients who are currently homeless and/or marginally housed. Services will include counseling on developing and maintaining health management strategies based on harm reduction models, assistance with drug therapy adherence, and will provide tools needed for adherence to medication regiments including timers, watches, pill containers etc.

The cost of this proposal has not yet been determined. However, the Department estimates that approximately $150,000 will be needed to support the operating expenses and personnel needed to staff two centers. Details on the program design and budget will be developed in conjunction with the Mayor's Office on AIDS. The Department will present this program proposal to the Health Commission for approval when the details have been finalized.

HIV Employment Re-Entry Program
Another recommendation made at the AIDS Summit is for the Health Department to develop and operate an employment re-entry program for HIV infected persons who are well enough to re-enter the workforce due to successful drug therapy outcomes. The program design, as proposed by the Workplace Entry and Re-Entry Committee is estimated to cost $800,000. However, this estimate has not yet been reviewed by the Health Department. The Department will work with the Mayor's Office on AIDS and with representatives of the subcommittee to develop a program to be funded and implemented in the Health Department next fiscal year. Once fully developed, the Department will present the program design and budget to the Health Commission for review and approval.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-98

EXPANDING SERVICES FOR HOUSING FOR THE HOMELESS, FOR PREVENTION OF ILLNESS, AND FOR MAINTAINING AND EXPANDING EXISTING MANAGEMENT INFORMATION SYSTEM (MIS) AND OTHER INFRASTRUCTURE WITHIN THE DEPARTMENT

WHEREAS, in the past, the Health Commission has developed policies to increase substance abuse treatment services, which are under implementation by the Department through the Treatment on Demand initiative; and,

WHEREAS, the Department has submitted an increase to substance abuse treatment funding for FY 1998-99 to continue the implementation of Treatment on Demand; and,

WHEREAS, the Health Commission has developed policies on providing a mental health single standard of care for MediCal and indigent patients; and,

WHEREAS, the Department proposed to implement this policy through increased funding for mental health treatment for indigents for FY 1998-99; and,

WHEREAS, the Department has determined that homelessness can be a significant contributor to poor health status, and that sufficient health care and supportive housing services are not available to the current homeless populations in San Francisco; and,

WHEREAS, the Department has submitted a request to increase health and supportive housing services to the homeless for FY 1998-99; and,

WHEREAS, the Department has reorganized its services to include a prevention and health promotion branch within the Division of Public Health in order to focus its resources and programs to the prevention of illness; and,

WHEREAS, prevention of illness has been shown to be a more cost effect approach to treatment; and,

WHEREAS, the Department has proposed to develop prevention services for special and at-risk populations, including the African-American community, and has developed proposals for injury prevention for the community at large; and,

WHEREAS, the Department has identified surplus revenues in the current year which will be available for FY 1998-99; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-98 (Cont'd.)

WHEREAS, the Department has identified critical infrastructure, capital and MIS projects which require additional funding in order to maintain the current services, facilities, and information systems; and,

WHEREAS, the Department has recommended that surplus revenues in the current year be used to fund a portion of infrastructure, capital and MIS expenditures; now, therefore, be it

RESOLVED, that the Health Commission supports the policy of increasing health and supportive housing services for the homeless; and, be it

FURTHER RESOLVED, that the Health Commission supports the policy of increasing prevention services to target populations and to the community at large; and, be it

FURTHER RESOLVED, that the Health Commission supports the policy of increasing funding for MIS and capital projects and other one time infrastructure costs in order to protect and preserve our existing programs, facilities, and systems.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

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Roma P. Guy, M.S.W.
Commissioner

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Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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3/98

AGENDA

HEALTH COMMISSION MEETING

March 3, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING FEBRUARY 17, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Presentation of the Second Quarterly Report for the Department of Public Health Budget for FY 1997-98.

(3.2) **PH-CHS-Community Mental Health Services** - Request for approval of the Mental Health Performance Agreement for Fiscal Year 1997-98.

(3.3) **CHN-SFGH** - Renewal contract with Paralign Revenue Management, Inc. for the Uncompensated Care Recovery Program at San Francisco General Hospital, for the period of April 1, 1998 through June 30, 2000.

(3.4) **CHN-ASO** - Retroactive new contract and sole source with Ciber Network Services, Inc. in the amount of $49,215, for information systems consultation and technical support for the period of July 1, 1997 through June 30, 1998.

(3.5) **CHN-Primary Care-Homeless** - Retroactive renewal contract and sole source request with Catholic Charities in the amount of $402,143 per year, to provide case management services for the period of July 1, 1997 through June 30, 1999. (DPH contracted with Catholic Charities for services totaling $2,063,852 during FY 1996-97).

(3.6) **PH-CHS-CSAS** - Retroactive modification to the contract with Jelani House, Inc. in the amount of $303,972, to provide an augmentation of HUD substance abuse outpatient and residential treatment services to homeless women and their children, for the period of February 1, 1998 through June 30, 1998. The total contract amount, including this modification, is $1,187,959. (DPH contracted with Jelani for services totaling $2,332,316 during FY 1996-97).

(3.7) **PH-CHS-CMHS** - Retroactive contract modification with Volunteer Center of San Francisco (VCSF), increasing the contract in the amount of $29,150 for the period of January 1, 1998 through June 30, 1998, and $58,300 per year for the period of July 1, 1998 through June 30, 2001, to provide community outreach services. The new contract values will be $154,897 for the period July 1, 1997 through June 30, 1998, and $184,047 per year for the period of July 1, 1998 through June 30, 2001. (DPH contracted with VCSF for services totaling $125,747 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF POLICY ISSUES REGARDING THE CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES FROM THE PRESIDENT'S ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 3, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 17, 1998

Action Taken: The Commission unanimously adopted the minutes of February 17, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Presentation of the Second Quarterly Report for the Department of Public Health Budget for FY 1997-98.

This item was referred to the full Commission.

(3.2) **PH-CHS-Community Mental Health Services** - Request for approval of the Mental Health Performance Agreement for Fiscal Year 1997-98.

(3.3) **CHN-SFGH** - Renewal contract with Paralign Revenue Management, Inc. for the Uncompensated Care Recovery Program at San Francisco General Hospital, for the period of April 1, 1998 through June 30, 2000.

The Department recommends a 2-year contract and will develop another RFP.

Public Speaker: Barbara French, Solem & Associates.

Commissioners acknowledged the continuous need to review and improve upon the RFP process.

(3.4) **CHN-ASO** - Retroactive new contract and sole source with Ciber Network Services, Inc. in the amount of $49,215, for information systems consultation and technical support for the period of July 1, 1997 through June 30, 1998.

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The Department will provide a copy of the program review to the Commission.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

State of Emergency Update: Emergency Shelters

As the Commission recalls, San Francisco declared a State of Emergency on February 5th. Within six hours of the declaration, three emergency shelters had opened in Recreation and Park facilities:

- Kezar Auditorium in the Haight;
- Joseph Lee Recreation Center in BVHP; and at the
- 6th and Folsom Recreation Center in the SOMA area.

Within an equally short time period, staff from the Department of Public Health arranged for medical, mental health and substance abuse services to be available on a 24-hour basis at all sites. The Department also assumed responsibility for many of the logistics involved in staffing, transporting of materials and supplies, providing security, laundering of blankets and linens, facility inspection, technical assistance, outreach to homeless individuals, project financing, and on-going interagency coordination.

Red Cross personnel from as far away as Atlanta, GA, arrived to provide shelter management. Three daily hot meals were prepared and delivered by the Salvation Army.

When it became apparent the emergency would continue for a number of months due to projected weather patterns, the City began looking for alternative sites to allow the recreation and park facilities to return to their actual intent. A 28,000 square foot warehouse owned by the Port of San Francisco was identified at 76 Mission Rock at Third Street. A great deal of renovation was necessary to make the site habitable. The proclaimed State of Emergency helped city agencies quickly procure materials and supplies for the repairs. A special thanks to Willie Crawford, 101 Grove Facility Manager, and Eric Miller, Plant Services Director, and his staff who helped expedite and oversee construction.

Red Cross continued shelter management until the three Recreation and Park sites closed, but closed shop as of today. The City was faced with a dilemma and needed to provide some alternative emergency shelter management on site. It became apparent that DPH and DHS staff could not continue to respond at the pace they had for the past month, staffing ongoing Departmental programs as well as the emergency shelters. The Mayor's Office asked DPH to identify a contract agency that could fill the shelter management role. Under the terms of the emergency declaration, Community Awareness and Treatment Services (CATS) was named as the Mission Rock shelter management agency. The contract modification will be coming to the Commission for review March 17.

The three Recreation and Park emergency shelters began to close last week and transition services to the new Mission Rock site.. Joseph Lee closed on February 25; 6th and Folsom closed February 26, and Kezar closed yesterday, March 2nd. The three facilities were restored to their original condition and all scheduled Recreation and Park programs have resumed.

The new site is currently providing separate living accommodations for 400 men, women and transgenders. Other services being offered include medical services, TB screening, information and referral, case management, benefits assistance, substance abuse and mental health counseling. Animal Control is providing pet carriers and veterinary services.

Prior to moving to the new site, the Department surveyed the residents of the existing shelters, asking them for feedback and information about their previous experiences with shelter residency and services. We were able to learn a great deal about the individuals who were using the emergency shelters and used this information in designing our services for Mission Rock. It is interesting to note that nearly 43% of the individuals being sheltered at the emergency shelters had not used shelters before. We are anxious to continue our outreach efforts to this population and bring them into mental health programs, substance abuse and, ultimately, primary care.

The transition to close the three operating shelters and move into a new facility required a tremendous coordination effort. I am extraordinarily proud of the dozens of Departmental staff who worked diligently and conscientiously to facilitate this move. Special thanks to Anne

Kronenberg, Barbara Garcia, Marian Pena, Eileen Shields, Mary Anne McGuire-Hickey, Chris Wachsmuth, Jan Murphy, Johnson Ojo, Ben Gale, Abbie Yant, Linda Wong, Madeline Daley, David Ofman, Tony Patchell, Tom Hagan, and all the others who spent many long hours making this project a success. My sincere thanks to the many staff who worked so diligently to assure the success of the emergency shelter sites.

DPH Human Resources Reorganization

I am happy to announce as of March 2, 1998 Human Resources centralized its services to better reflect the Department's new organizational structure. In its previous decentralized model, Human Resources was organized to mirror the Department's separate divisions. San Francisco General Hospital, Laguna Honda Hospital and Community Health/Central Office, each had their own Human Resource office which performed all human resource and labor relations functions under the coordination of a Human Resources Director.

Human Resources centralized services in an attempt to be more responsive to DPH's new organizational three division structure: Central Administration, Public Health, and the Community Health Network. Human Resources is now organized according to functional responsibilities department-wide; Operations, Labor Relations and Merit Systems. Each section provides services for all components of the Health Department. This new structure became effective March 2, 1998.

Prenatal Care for Undocumented Residents

On February 18, 1998 a Los Angeles Superior Court Judge issued a Temporary Restraining Order (TRO) in the case of Milagro Doe vs. the California Department of Health Services. The TRO prohibits the State from implementing regulations to eliminate State funding of prenatal care for undocumented residents which were to take effect March 1, 1998.

The State subsequently issued a statement indicating that the regulations will not take effect until April 1, 1998. Advocates are hopeful that further court action will delay implementation even longer. A hearing is set today in the Milagro case. The Judge will be asked to issue an injunction to continue prohibiting the State from implementing the regulations until a final decision on the merits of the case is rendered.

I have sent a memorandum to all staff reaffirming the Department's policy to continue providing prenatal care to all San Francisco residents who need it, and that staff should continue to follow normal procedures.

PUBLIC HEALTH

HIV and the Urban Poor

I am pleased to report that this afternoon the Department is hosting a conference on HIV and the Urban Poor. Researchers and service providers throughout San Francisco have been invited to attend and present their findings. As the Commission is aware, San Francisco has been on the leading edge of research on HIV in the homeless and jailed prisoners and the impact of poverty on HIV transmission and progression. Also, San Francisco has pioneered unique service models, including the Tom Waddell Clinic, the HIV/AIDS Care Unit at San Francisco General Hospital and at Laguna Honda Hospital. About 100 participants attended the meeting. A full report on the presentations will be prepared and I will forward it to the Commission.

Afrocentric Parenting Conference

On February 13, the Third Annual Afrocentric Parenting Conference was held at the San Francisco Christian Center. The conference was sponsored by the Black Infant Health Improvement Project, an infant mortality prevention program now lodged in the Community Health Promotion and Prevention Branch. The conference brought together parents, extended family members, community leaders and health and human service providers to share information, resources, network, and enhance skills and knowledge with the purpose of improving the health of the African American family. Well over 150 participants conferred all day. The session closed with an inspirational address by Ron Johnson on financial health and responsible family life. Tracy Moore, program assistant to the Black Infant Health Project, was recognized for her contribution to the success of the conference.

COMMUNITY HEALTH NETWORK

CHN Administrative Transition

As part of the CHN's administrative transition, I am pleased to announce two key appointments. Last week I asked Gene O'Connell to act as Interim Administrator of SFGH. She will continue to retain the title and role of CHN Director of Patient Care Services. Gene has been with the Department of Health since 1984, and has served as SFGH's Director of Nursing and Chief Operating Officer. She has a Masters degree in Nursing Administration from UCSF. In 1994 she received the Public Managerial Leadership Award from the San Francisco Chamber of Commerce.

In addition, I asked Larry Funk, Associate Administrator at Laguna Honda Hospital, to serve as Interim Administrator for LHH. Mr. Funk received a Masters of Science from San Francisco State University, a Masters of Public Administration from Golden Gate University, and is a Diplomat of the American College of Healthcare Executives.

I have the utmost confidence both Gene and Larry will provide strong leadership in managing these two institutions.

Appointment of the Community Health Network (CHN) Chief Medical Officer

I am pleased to announce the appointment of Melissa Welch, MD, MPH, to the position of Chief Medical Officer (CMO) for the CHN, effective March 2, 1998. Dr. Welch is a former graduate of the SFGH primary care, internal medical program, and former Medical Director of the CHN's Maxine Hall Health Center. She is currently an Assistant Clinical Professor of Medicine at UCSF, and has worked for the last four years in the Division of General Medicine at Moffitt. Dr. Welch brings a diverse array of outstanding community, academic and leadership experiences from both the public health and university settings to her new role as Chief Medical Officer.

As the Chief Medical Officer, Dr. Welch will work in a paired collaborative relationship with Gene O'Connell, providing operational leadership for the entire continuum of care, including primary care, emergency care, acute care, specialty care, long term care, forensics, mental health and substance abuse services. She will also provide physician input to the CHN Leadership Team, and participate with other leaders in policy and decision-making within the CHN.

SFGH Clinical Laboratory JCAHO Survey

The Joint Commission has extended accreditation of the SFGH Clinical Laboratory Services for two years as a result of a JCAHO survey conducted December 11-15, 1997. This survey was part of the overall JCAHO process, granted under Clinical Laboratory/Improvement Amendments of 1988 (CLIA) authority. The survey included a complete assessment of four CLIA Licensed Laboratories:

- Main Laboratory,
- Anatomic Pathology,
- Nuclear Medicine, and

- Neo-Natal Intensive Care.

The Joint Commission extended their congratulations on the important achievement of accreditation without Type I recommendations. Opportunities for improvements were recommended for the following areas: the inventory of toxic material in storage, policy and procedures regarding therapeutic phlebotomy, and the availability of safety eye wash devices in proximity to storage of toxic materials.

We congratulate the staff for their hard work in preparing for this survey and for their success in achieving JACHO accreditation.

CHN Audits
Medi-Cal and Medicare agencies audits our cost reports and claims every year. I'd like to notify the Health Commission on a number of financial audits currently underway or soon to begin.

Medicare - LHH
Representatives from the Federal MediCare Program will be at Laguna Honda Hospital for two weeks to audit the Medicare cost report for the fiscal year-end 1996. Major areas of audit include review of recoverable operating expenses, capital costs, and allocations between inpatient and other program areas. In addition, the Intermediary will review the allocations statistics and the basis for recovery of hospital-based physician services.

MediCal - SFGH
Auditors from the State Department of Health Services are currently auditing our inpatient and outpatient MediCal claims and cost reports for fiscal year 1994-95. Outpatient claims includes both fee for service and FQHC reimbursement at SFGH. Auditors are challenging the hospital's date of FQHC certification and have suggested that our certification begin in May 1995, instead of June 1994. Ms. Zmuda has called for a meeting with the State to show why SFGH certification for the entire year should be sustained.

MediCal FQHC Health Centers
Our FQHC cost report audits for fiscal years 1994-95 and 1995-96 will begin March '98.

Medicare Audit SFGH
Medicare auditors are scheduled to conduct their audit of SFGH for FY 1995-96 from June through August 1998.

Year-End Financial Audit
This annual outside audit is conducted of both hospitals each year, upon completion of the fiscal year. Auditors are on site from July through August to audit our financial statements and accounts receivables, among other financial transactions which make up the year-end close.

MediCal Audit SFGH 1995-96
Because of the large number of audits and due to recent resignations of the SFGH Controller and Chief Financial Officer, we have requested that the 1995-96 audit be postponed until September 1998.

We will keep the Health Commission informed of the results and the fiscal implications of these audits upon their completion.

Annual State Survey at Laguna Honda Hospital

On February 23 representations from the State Department of Health Services Licensing and Certification began their annual standard certification survey at Laguna Honda. The survey includes representatives from the Health Care Financing Administration to monitor the survey process. Specialty consultants are also part of the survey team to review Acute Services, Medical Services, Respiratory Therapy, Nutrition Services, and Pharmacy Services. The Hospital Executive Committee is meeting daily to monitor and coordinate the survey process. The Commissioners will be advised of the date and time of the exit conference.

Dedication of Laguna Honda Hospital Farm

On March 4, the LHH Farm will be named in honor of Virginia Leishman, R.N. Virginia is the immediate past Director of Nursing, who recently retired following forty-four years of service. Residents and staff have been invited to attend the festivities between the hours of 3:00 and 4:00 p.m. Tony Wagner, Interim CHN Director, will unveil the dedication plaque and officially rename the farm in Virginia's honor.

Update on Home Health Agency

The Community Health Network's home health agency, Health at Home (HAH), currently provides an average of 1250 visits per month to an on-going patient census of approximately 220 clients on service at a given time. This is twice the volume of visits provided during the same time last year. A supplemental budget approved this month by the Board of Supervisors will augment the program by over $1 million. This will allow the program to increase the number of service providers as well as support staff needed to sustain the developing agency infrastructure. Health at Home is currently staffed with 43.0 F.T.E.

The fours areas of the city where HAH has served the highest number of clients are the Tenderloin, Mission, Excelsior and Bayview/Hunters Point. The majority of clients, 62%, are over 60 years of age, and 90% of all referrals have come from SFGH and the Community Health Centers. Other target populations for home health services include infusion patients, mental health clients, patients needing rehabilitation therapy, and people with terminal illnesses desiring palliative care. The Department has proposed in a supplemental request to the Board of Supervisors that additional Visiting Nurses and Hospice (VNH) contracts be moved to the HAH. The Board will be deciding this issue in the coming months.

Health at Home will be moving from its pilot location at Ocean-Park Health Center on 24th Avenue to a vacant DPH facility at 45 Onondaga Avenue in the near future.

(3.1) Presentation of the Second Quarterly Report for the Department of Public Health Budget for FY 1997-98.

Monique Zmuda, Chief Finance Officer, presented the following:

A surplus of $9.2 million is projected for FY 1997-98 based on actual expenditures and estimated revenues through the second quarter ending December 31, 1998. This projected surplus excludes $8.8 million in one-time FQHC revenue that is anticipated this fiscal year and will be carried forward for FY 1998-99 to fund one-time equipment and facilities maintenance expense. One-time equipment and facilities expense funded by FQHC revenues was included in the FY 1998-99 budget that was approved by the Health Commission at its last meeting. This projected surplus also excludes $6.8 million in Medi-Cal SB 855 Disproportionate Share revenue that will be accrued this fiscal year but received next fiscal year.

The second quarter projected surplus of $9.2 million is a $4.9 million decrease from the first quarter projection of $14.1 million. However, this decrease is primarily due to the exclusion of the $6.8 million surplus in Medi-Cal SB 855 revenue that will be received in FY 1998-99.

Fiscal year projections include revenue and expense associated with a number of supplemental appropriations already approved by the Health Commission. These supplemental appropriation requests already approved by the Health Commission and assumed in fiscal year projections include:

- SFGH Unit 4B increased nursing staff as required by the Local 790 MOU ($189,738);
- Additional cytology exams provided by San Francisco General Hospital's pathology lab ($134,820);
- Additional workers comp services provided by San Francisco General Hospital's Workers Compensation Clinic ($643,223);
- Home health care for AIDS patients provided through the Community Health Network ($1,033,415);
- Increased Medi-Cal SB 855, Disproportionate Share Payment Program, to benefit San Francisco General Hospital ($33,000,000);
- Base expense adjustment to correct historical infrastructure under funding in the Community Health Network ($10,283,861); and,
- Additional revenue and expense associated with increased patient volume in the Community Health Network (9,540,179).

The first four supplemental appropriation requests (Unit 4B, cytology exams, workers comp, and home health) have been approved by the Board of Supervisors. The remaining three supplemental appropriation requests are pending approval by the Board of Supervisors.

Fiscal year projections do not include a supplemental appropriation to provide health and mental health services t the new Treasure Island jail facility. Funds for Treasure Island were placed on reserve by the Board of Supervisors pending the opening of the jail facility later in the fiscal year. Expense projections will be revised to include this supplemental appropriation when an opening date for the Treasure Island jail is determined.

The Department will continue to monitor the revenues and expenditures monthly. Ms. Zmuda will bring to the full Commission an 8-month report for FY 1997-98.

Commissioners expressed appreciation to Ms. Zmuda and Anne Okubo for their thorough financial reports. The Commission also acknowledged the recruitment efforts to fill vacant finance positions in the Department.

5) CONSIDERATION OF POLICY ISSUES REGARDING THE CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES FROM THE PRESIDENT'S ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY

Tangerine Brigham, Director of Policy and Planning, presented a proposed Consumer Bill of Rights and Responsibilities in health care, (Attachment A).

The Consumer Bill of Rights was developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and has been endorsed by President Clinton. The Advisory Commission was charged with advising the President on changes occurring in the health care system and recommending measures as may be necessary to promote and assure health care quality and value, and protect consumeres and workers in the health care system.

Ms. Brigham reported the following:

The Consumer Bill of Rights provides standards by which consumers, health care professionals, health care administrators and health plans can follow. Its objectives are to:

- Strengthen consumer confident by assuring that the health care system is fair and responsive to consumers' needs,
- Reaffirm the importance of a strong relationship between patients and their health care professionals, and
- Reaffirm the critical role consumers play in safeguarding their own health.

As part of its charge, the Advisory Commission has closely looked at the lack of health care coverage. It recognizes that a fundamental principle in reforming the health care system is to ensure access. It has proposed the following goals for consumer protection in a quality-focused health care system:

- Health care coverage is the best consumer protection, and efforts should be made to extend health care to the estimated 41 million uninsured Americans;
- Consumers faced with catastrophic illness are often faced with losing health insurance coverage and require assistance;
- Coverage must be made affordable for all consumers, employers and other purchasers
- Vulnerable groups (such as persons with mental or physical disabilities, low-income individuals, children and limited English speakers) require special attention;
- Small businesses and the self-employed purchased need assistance purchasing health coverage; and,
- Consumers should be included in clinical research.

In several ways, the Department currently incorporates many of the principles articulated in Consumer Bill or Rights. As part of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) survey and licensure process, we are required to document our patient rights and organizational ethics standards at San Francisco General Hospital. Laguna Honda Hospital's accreditation by the State Department of Health Services requires that the Hospital have a Patient's Rights and Responsibilities Policy. The community-oriented primary care clinics also a consumer rights and responsibilities policy which is posted at the facilities. In addition, over the last few years we have made changes to improve our customer service in clinical settings. We support the Consumer Bill or Rights and Responsibilities, and believe that its principles should be incorporated within the Department's health care delivery model.

Public Speaker: Frederick Hobson, Consumer Board member, S.F. Health Authority

Action Taken: The Commission unanimously adopted Resolution #10-98, "Supporting the Consumer Bill of Rights and Responsibilities, as Endorsed by President Bill Clinton and Recommended by the Advisory Commission on Consumer Protection and Quality in the Health Care Industry," (Attachment B).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Consumer Bill of Rights and Responsibilities

Following is a summary of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry proposed Consumer Bill of Rights and Responsibilities:

INFORMATION DISCLOSURE. Consumers have the right to receive accurate, easily understood information, and some consumers require assistance in making informed health care decisions about their health plans, professionals and facilities. Such information includes:

Health plans. Covered benefits, cost-sharing, and procedures for resolving complaints; licensure, certification, and accreditation status; comparable measures of quality and consumer satisfaction; provider network composition; the procedures that govern access to specialists and emergency services; and care management information.

Health professionals: Education, board certification and recertification; years of practice; experience performing certain procedures; and comparable measures of quality and consumer satisfaction.

Health care facilities: Experience in performing certain procedures and services; accreditation status; comparable measures of quality and worker and consumer satisfaction; and procedures for resolving complaints.

Consumer Assistance Programs: Programs must be carefully structured to promote consumer confidence and to work cooperatively with health plans, providers, payers, and regulators. Sponsorship that ensures accountability to the interests of consumers and stable, adequate funding are desirable characteristics of such programs.

CHOICE OF PROVIDERS AND PLANS. Consumers have the right to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care. To ensure such choice, the Commission recommends the following:

Provider Network Adequacy. All health plan networks should provide access to sufficient numbers and types of providers to assure that all covered services will be accessible without unreasonable delay—including access to emergency services 24 hours a day and 7 days a week. If a health plan has an insufficient number or type of providers to provide a covered benefit with the appropriate degree of specialization, the plan should ensure that the consumer obtains the benefit outside the network at no greater cost than if the benefit were obtained from participating providers.

Women's Health Services. Women should be able to choose a qualified provider offered by a plan—such as gynecologists, certified nurse midwives, and other qualified health care providers—for the provision of covered care necessary to provide routine and preventative women's health care services.

Access to Specialists. Consumers with complex or serious medical conditions who require frequent specialty care should have direct access to a qualified specialist of their choice within a plan's network of providers. Authorizations, when required, should be for an adequate number of direct access visits under an approved treatment plan.

Transitional Care. Consumers who are undergoing a course of treatment for a chronic or disabling condition (or who are in the second or third trimester of a pregnancy) at the time they involuntarily change health plans or at a time when a provider is terminated by a plan for other than cause should be able to continue seeing their current specialty providers for up to 90 days (or through completion of postpartum care) to allow for transition of care.

Choice of Health Plans. Public and private group purchasers should, wherever feasible, offer consumers a choice of high-quality health insurance plans.

ACCESS TO EMERGENCY SERVICES. Consumers have the right to access emergency health care services when and where the need arises. Health plans should provide payment when a consumer presents to an emergency department with acute symptoms of sufficient severity—including severe pain—such that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

PARTICIPATION IN TREATMENT DECISIONS. Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators.

Physicians and other health professionals should:

- Provide patients with sufficient information and opportunity to decide among treatment options consistent with the informed consent process.
- Discuss all treatment options with a patient in a culturally competent manner, including the option of no treatment at all.
- Ensure that persons with disabilities have effective communications with members of the health system in making such decisions.
- Discuss all current treatments a consumer may be undergoing.
- Discuss all risks, benefits, and consequences to treatment or nontreatment.
- Give patients the opportunity to refuse treatment and to express preferences about future treatmen decisions.
- Discuss the use of advance directives—both living wills and durable powers of attorney for health care—with patients and their designated family members.
- Abide by the decisions made by their patients and/or their designated representatives consistent with the informed consent process.

Health plans, providers, and facilities should:

- Disclose to consumers factors—such as methods of compensation, ownership of or interest in health care facilities, or matters of conscience—that could influence advice or treatment decisions
- Assure that provider contracts do not contain any so-called "gag clauses" or other contractual mechanisms that restrict health care providers' ability to communicate with and advise patients about medically necessary treatment options.
- Be prohibited from penalizing or seeking retribution against health care professionals or other health workers for advocating on behalf of their patients.

RESPECT AND NONDISCRIMINATION. Consumers have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. An environment of mutual respect is essential to maintain a quality health care system. To assure that right, the Commission recommends the following:

- Consumers must not be discriminated against in the delivery of health care services consistent with the benefits covered in their policy, or as required by law, based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
- Consumers eligible for coverage under the terms and conditions of a health plan or program, or a required by law, must not be discriminated against in marketing and enrollment practices based o

race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

CONFIDENTIALITY OF HEALTH INFORMATION. Consumers have the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected. Consumers also have the right to review and copy their own medical records and request amendments to their records.

COMPLAINTS AND APPEALS. Consumers have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

CONSUMER RESPONSIBILITIES. In a health care system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. Such responsibilities include:

- Take responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plan's internal complaint and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Become knowledgeable about their health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Show respect for other patients and health workers.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, health care providers, and Government health benefit programs.
- Report wrongdoing and fraud to appropriate resources or legal authorities.

Free copies of the full report to the President on the Consumer Bill of Rights and Responsibilities are available on the World Wide Web at the White House Website (www.whitehouse.gov) or from the Commission's Website (www.hcqualitycommission.gov). To obtain a printed copy of the report, call 1/800/732-8200 or write to Consumer Bill of Rights, Box 2429, Columbia, MD 21045-1429.

# # #

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-98

SUPPORTING THE CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES AS ENDORSED BY PRESIDENT BILL CLINTON AND RECOMMENDED BY THE ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY

WHEREAS, President Bill Clinton appointed the Advisory Commission on Consumer Protection and Quality in the Health Care Industry ("Advisory Commission") which is charged with "advising the President on changes occurring in the health care system and recommending measures as may be necessary to promote and assure health care quality and value, and protect consumers and workers in the health care system;" and,

WHEREAS, changes in the delivery and financing of health care have raised questions over declining consumer confidence in health plans and providers, and the potential for reduced quality of care; and,

WHEREAS, part of the Advisory Commission's task was to develop a Consumer Bill of Rights and Responsibilities; and,

WHEREAS, the Consumer Bill of Rights and Responsibilities covers eight areas: (1) information disclosure, (2) choice of providers and plans, (3) access to emergency services, (4) participating in treatment decisions, (5) respect and non-discrimination, (6) confidentiality of health information, (7) complaints and appeals, and (8) consumer responsibilities; and,

WHEREAS, the Department of Public Health believes that the Consumer Bill of Rights and Responsibilities can assist in promoting quality care and protecting consumers; and,

WHEREAS, the Department currently has certain procedures in place to provide consumers with information, educate consumers about their health care choices, maintain confidential consumer information, address consumers grievances and treat consumers in a respectful manner; and,

WHEREAS, in keeping with the Consumer Bill of Rights and Responsibilities the Department will: (1) continue it efforts to inform consumers about their rights and responsibilities, and promote mutual respect between consumers and providers, and (2) actively work with health plans that we have contracts with to also address consumer rights within managed care; now, therefore, be it

RESOLVED, that the Department and the Health Commission support the Consumer Bill of Rights and Responsibilities recommended by President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 3, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

7/98

AGENDA

HEALTH COMMISSION MEETING

March 17, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING MARCH 3, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PH-CHS-CSAS** - Status report on Bay Area Addiction Research and Treatment, Inc.'s compliance to the Health Commission's Policy on Board Composition.

(3.2) **DPH** - Presentation and consideration of the Department-wide Capital Projects for FY 1998-99 in the amount of $17 million.

(3.3) **CHN - SFGH** - Consideration of a proposed lease amendment for the General Clinical Research Center (GCRC) at San Francisco General Hospital.

(3.4) **CHN-LHH** - Approval of acceptance of a gift of stocks, valued at $153,000, to Laguna Honda Hospital from the Barbara Wylie Trust.

(3.5) **Central Administration - Policy & Planning -** Approval of a new contract with The Pacific Health Policy Group, in the amount of $119,695, to provide consultant services for the 1115 Waiver Development Project, for the period of April 1, 1998 through March 31, 1999.

(3.6) **PH-CHS-CMHS** - Retroactive approval of a new contract with Davis Y. Ja and Associates, Inc. (D.Y. Ja), in the amount of $173,320, for a research project for the period of January 1, 1998 through June 30, 2000. (DPH contracted with D.Y. Ja for services totaling $53,000 during FY 1996-97).

(3.7) **PH-CHS-CSAS** - Retroactive emergency contract and sole source approval with Chemical Awareness and Treatment Services, Inc. (CATS), up to the amount of $749,279, to provide overnight shelter and support services to homeless residents of San Francisco for the period of March 1, 1998 through May 31, 1998. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

(3.8) **PH-CHS-CSAS** - Retroactive multiyear contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./ Dry Zone Program (Mission), in the amount of $115,000/yr. in client fees, to provide multiple offense driving-under-the-influence (DUI) services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Mission for services totaling $173,412 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF A RESOLUTION PROCLAIMING PUBLIC HEALTH WEEK, APRIL 6-12, 1998**

6) **CONSIDERATION OF A RESOLUTION SUPPORTING THE CONCEPT OF A CITY AND COUNTY OMBUDSPROGRAM TO ADVOCATE FOR HEALTH CARE CONSUMERS**

7) **PRESENTATION AND CONSIDERATION OF A RESOLUTION ENDORSING A RESPONSE TO THE BOARD OF SUPERVISORS HEALTH, FAMILY, AND THE ENVIRONMENT COMMITTEE'S REQUEST TO SUBMIT A PROPOSAL TO ADDRESS ASTHMA, BREAST AND CERVICAL CANCER, AND PROSTATE CANCER IN BAYVIEW HUNTERS POINT**

8) **STATUS REPORT ON THE EMERGENCY MEDICAL SERVICES (EMS) RECONFIGURATION PLAN**

9) **PRESENTATION AND DISCUSSION ON THE EMERGENCY SHELTER PROGRAM AND POTENTIAL POLICY IMPLICATIONS**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

17/98

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 17, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Edward A. Chow, M.D.
	Commissioner Roma P. Guy, M.S.W.
	Commissioner Ron Hill
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
	Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 3, 1998

Action Taken: The Commission unanimously adopted the minutes of March 3, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PH-CHS-CSAS -** Status report on Bay Area Addiction Research and Treatment, Inc.'s compliance to the Health Commission's Policy on Board Composition.

Commissioner Barnes expressed that she was pleased with the progress of the contractor.

(3.2) **DPH -** Presentation and consideration of the Department-wide Capital Projects for FY 1998-99 in the amount of $19 million.

101 Grove Street **San Francisco, CA 94102-4505**

(3.3) **CHN - SFGH -** Consideration of a proposed lease amendment for the General Clinical Research Center (GCRC) at San Francisco General Hospital.

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.4) **CHN-LHH -** Approval of acceptance of a gift of stocks, valued at $178,000, to Laguna Honda Hospital from the Barbara Wylie Trust.

(3.5) **Central Administration - Policy & Planning -** Approval of a new contract with The Pacific Health Policy Group, in the amount of $119,695, to provide consultant services for the 1115 Waiver Development Project, for the period of April 1, 1998 through March 31, 1999.

(3.6) **PH-CHS-CMHS -** Retroactive approval of a new contract with Davis Y. Ja and Associates, Inc. (D.Y. Ja), in the amount of $173,320, for a research project for the period of January 1, 1998 through June 30, 2000. (DPH contracted with D.Y. Ja for services totaling $53,000 during FY 1996-97).

(3.7) **PH-CHS-CSAS -** Retroactive emergency contract and sole source approval with Chemical Awareness and Treatment Services, Inc. (CATS), up to the amount of $749,279, to provide overnight shelter and support services to homeless residents of San Francisco for the period of March 1, 1998 through May 31, 1998. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

This item was deferred to Item #9 on the agenda.

(3.8) **PH-CHS-CSAS -** Retroactive multiyear contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./ Dry Zone Program (Mission), in the amount of $115,000/yr. in client fees, to provide multiple offense driving-under-the-influence (DUI) services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Mission for services totaling $173,412 during FY 1996-97).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, except for #3.7, which was deferred to Item #9 on the agenda. Commissioner Sanchez abstained on #3.3.

President Monfredini acknowledged today's swearing-in by the Mayor of Commissioner Chow's reappointment to the Commission.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

W. K. Kellogg Foundation Initiative

The W. K. Kellogg Foundation announced that it was launching a major new initiative with the goal to develop improved models for safety net providers. The San Francisco Department of Public Health and the University of California at San Francisco were sent a request for qualification to apply for the initiative. The Foundation anticipates awarding 10 five-year project grants, ranging in value from $2.5 to $5 million.

DPH, working in collaboration with the UCSF and the San Francisco Community Clinic Consortium (SFCCC), submitted a proposal in response to the request for qualifications. Dr. Andrew Bindman, head of the San Francisco General Hospital Primary Care Research Group, took the lead on preparing the proposal. DPH and the SFCCC wrote sections of the proposal. We highlighted five areas where we thought San Francisco safety net providers could improve services to vulnerable population groups. The areas were:

- *Improvement in the medical information systems.* In particular, given the large investment that DPH has made in its MIS system, for a relatively small additional allocation we could create links between the CHN and the SFCCC. Also by improving our capacity to perform population-based analysis, we can learn more about the cost and outcomes of the care we provide.

- *Focus on primary and preventive care strategies.* The Department's proposal highlighted two current projects that are working to increase the use of primary and preventive care: the APPROACH project and the Emergency Department case management program. In our response we said we would look at additional ways that we could improve our application of primary care and case management throughout the CHN and the SFCCC.

- *Community outreach.* Here we proposed expanding models of community mobilization and community empowerment to address important health care issues in San Francisco. We cited the example of our work with the Bayview Hunter's Point Task Force and the Bridges Project as two examples of the importance of these community safety net collaborations.

- *Training.* Use of the Kellogg Foundation resources would allow providers throughout the CHN and the SFCCC to participate in a broader training mission.

- *Improved Planning.* We proposed further planning to make the safety net sites more accessible to clients.

The Kellogg Foundation required a three week turn-around for response to the request for qualification.

I am happy to report that, based on our submission, the Kellogg Foundation has said they would make a formal site visit to San Francisco the first week of April. If, based on the site visit, they are interested in funding us we will bring a formal request to apply for and accept funds to the Health Commission for approval. This initiative is very exciting in that it offers potential financial support for strengthening our safety net providers in San Francisco.

PUBLIC HEALTH

Contractor Merit Awards

In July 1997, the Board of Supervisors appropriated $1 million to the Department of Public Health budget to provide one-time, merit-based incentive grants to DPH contractors. These awards were designed to acknowledge excellence and to provide incentives for continued high performance and compliance with Health Commission and City and County of San Francisco policies.

I am pleased to inform the Commission that the performance-based merit awards were sent out early this month. Performance was measured by the organization's past accomplishments of objectives, client satisfaction, quality and quantity of work performed, timeliness of reports, quality assurance, and staff and board demographics.

Public Health Division-wide Meeting

The Public Health Division held its first annual staff meeting at Civic Auditorium March 2nd. Offices remained open and programs continued operation with a skeletal staff. Over 600 Public Health staff attended the forum which focused on an overview of the organization of the Public Health Division and an update on the programs within its various branches.

The session opened with a slide show featuring Public Health Division staff accompanied by a Charlie Parker soundtrack. The goal of the two-hour meeting was to foster communication and discussion of public health issues within the Division. The new Public Health Division has also produced a newsletter, News & Views, and has created the Urban Health Seminar series. A dedicated group of staff, led by Jessica Wolin, are to be congratulated for organizing this successful event.

1998 Women Making History

I am pleased to announce that Barbara Garcia, Director, Community Substance Abuse Services, and Cynthia Selmar, Director, Southeast Health Center, are recipients of the "1998 Women Making History , Women's Health Award." The reception on March 24 will be held at California Historical Society.

COMMUNITY HEALTH NETWORK

Black History Month

On February 26, Maxine Hall Health Center commemorated Black History Month with an Open House. The event was attended by more than 100 community residents and health center clients. Highlights of the program included: two African American vocalists who live in the community; poetry recitations by two poets who are health center clients; a poetry recitation by a nine year old African American community resident; a quilting display by a health center client; and, a display of handmade ethnic jewelry by another health center client. All who attended were inspired by this celebration of health and art in the African American community.

Resignation

It is with regret that I announce the resignation of Kate Favetti, Senior Personnel Officer at San Francisco General Hospital. Kate accepted the position of Executive Officer of the Civil Service Commission. She began her new job yesterday, I am sure you join me in wishing her well.

SFGH Trauma Center Pediatric Resuscitation Room Opens

The Trauma Center at SFGH is pleased to announce the grand opening of the new Pediatric Trauma Resuscitation Room on March 12, 1998. The new Trauma Room was made possible by a generous gift of the Rhoda Goldman Foundation and becomes the fourth trauma resuscitation room located in the SFGH Emergency Department. The design and development of the room was a collaborative effort involving the SFGH Foundation, Drs. Margaret Knudson and Ron Dieckmann, and ED Chief Nurse John Fazio. An opening celebration was attended by members of the SFGH Foundation, Dr. Douglas Goldman, Trauma Center Physicians and staff, Emergency Department physicians and staff, and an eleven year old former trauma center patient and her mother.

Over 200 children a year who require the specialized care available at a Level 1 Trauma Center are admitted to the SFGH Trauma Service. While the focus of the Pediatric Trauma room is on care and treatment of children with life-threatening injuries, the Center was designed as a multipurpose area. The room is also used to care for adult trauma victims and for children requiring conscious sedation during extended emergency treatments.

Metropolitan Medical Strike Team [MMST]
SFGH will be hosting the United States Department of Defense biochemical and hazardous materials exposure training for health care workers March 30 to April 2. Ann Stangby, RN, SFGH Base Hospital Coordinator, is directing SFGH's participation in this program and is co-chairing the MMST Hospital Task Force.

This training is part of the nationwide effort to provide specialized training to EMS and acute care hospital personnel in 27 cities throughout the U.S. The course content will include rapid response, decontamination and emergency treatment for victims of weapons of mass destruction. The program is specifically designed as a "train-the-trainers" model. Program participants from SFGH, SFFD EMS, community hospitals within San Francisco, San Francisco International Airport Medical Clinic, and the EMSA will then be expected to return to their home department to provide education and training to colleagues. This training is part of a larger weapons of mass destruction readiness program being funded by a grant awarded to Dr. John Brown, EMSA Medical Director.

President Monfredini and Commissioner Barnes indicated their willingness to participate in the site visit from the Kellogg Foundation.

February statistics are available in the Commission Office.

5) CONSIDERATION OF A RESOLUTION PROCLAIMING APRIL 6-12, 1998 PUBLIC HEALTH WEEK

Jessica Wolin, Senior Health Planner, reported the following:

During this week, the Department of Public Health will build upon the National Public Health Week theme of "Healthy People in Healthy Communities." We plan to release two reports: the executive Summary of the "San Francisco Mortality Report", and a brief paper entitled "How Healthy is San Francisco?: The Department of Public Health Gives San Francisco A Checkup.'

In the early fall, a synopsis of the Mortality Report was presented to the Health Commission and a review of the final report will be possible in the future. The report will be an analysis of all deaths in San Francisco from 1990 to 1995 broken down by age, sex, race and zip code. In addition, this report links causes of death with their underlying risk factors or determinants. The Mortality Report is the most comprehensive report of the City's health that has ever been undertaken. The Executive Summary will provide the most important information in a format that is easily understood.

In addition, the Department will release "How Healthy is San Francisco?: The Department of Public Health Gives San Francisco A Check-Up. In this user-friendly paper, the Department will highlight key statistics and information that indicate the public health status of our city. We will take a broad view as we define "public health status." What determines if we are a healthy community are many factors not traditionally thought of as health indicators, such as social issues, economics and the environment. It is our hope that by drawing together information about the City and County of San Francisco that illustrates our public health status in a manner that is accessible to the public and the media, we can bring attention to the myriad of issues that affect our community's well being.

In honor of Public Health Week, the Department will distribute these reports to community members, other organizations, and City Department, to raise awareness about public health. Furthermore, we will do extensive outreach to the media to encourage them to focus on public health issues during the week of April 6, 1998.

Commissioner Barnes encouraged a photo opportunity with the Mayor to publicize Public Health Week.

Commissioner Guy suggested having an editorial in the S.F. Chronicle or S.F. Examiner.

Action Taken: The Commission unanimously adopted Resolution #11-98, "Requesting the Mayor and the Board of Supervisors to Proclaim April 6-12, 1998, Public Health Week, in the City and County of San Francisco," (Attachment A).

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE CONCEPT OF A CITY AND COUNTY OMBUDSPROGRAM TO ADVOCATE FOR HEALTH CARE CONSUMERS

Dr. Mitch Katz, Director of Health, reported that the Board of Supervisors, under the leadership of Supervisor Amos Brown, is drafting legislation that would create a countywide ombudsprogram. The program would provide consumer education, outreach, advocacy and direct assistance to Medi-Cal recipients in San Francisco.

The Health Department maintains ombudsprograms at San Francisco General Hospital and at Laguna Honda Hospital. This new program would, however, serve all medical recipients, regardless of where they are currently receiving services.

The establishment of an ombudsprogram is consistent with the Consumer Bill of Rights and Responsibilities established by the Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

A letter of support for a countywide ombudsprogram was submitted to the Commission by Supervisor Amos Brown.

Public Speakers:
Frederick Hobson, Consumer Board member, S.F. Health Authority
Howard Wallace, Health Care worker, Local 250
Maria Luz Torre, Parent Voices
Patricia Bruno, Medi-Cal Community Assistance Project
Shirley A. Bierly, President, California Legislative Council for Older Americans
Michael Lighty, California Nurses Association

Mr. Hobson clarified that this program will start with Medi-Cal recipients and then expand to all consumers.

The Commission encouraged the Department to have its staff liaison with this program.

Action Taken: The Commission unanimously adopted Resolution #12-98, "Supporting the Concept of a City and County Ombudsprogram to Advocate for Health Care Consumers," (Attachment B).

Commissioner Barnes left at 4:30 p.m.

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION ENDORSING A RESPONSE TO THE BOARD OF SUPERVISORS HEALTH, FAMILY, AND THE ENVIRONMENT COMMITTEE'S REQUEST TO SUBMIT A PROPOSAL TO ADDRESS ASTHMA, BREAST AND CERVICAL CANCER, AND PROSTATE CANCER IN BAYVIEW HUNTERS POINT

Dr. Bob Prentice, Director of Public Health Division, as background information, reported that a town hall meeting organized under the auspices of the Bayview Hunters Point Health and Environmental Assessment Project (BVHP-HEAP) resulted in hearings before the Health Commission and the Board of Supervisors to review findings related to health problems in Bayview Hunters Point. The Health, Family and the Environment Committee of the Board of Supervisors asked the members of BVHP-HEAP and other community groups and individuals to return with specific proposals to address the identified problems of asthma and breast, cervical and prostate cancer, with the understanding that these are only initial programmatic responses that will serve as a foundation to build from over time.

The attached budget and narrative are the result of a collaborative community process that reflects hours of discussion and review among community representatives, members of a variety of public and nonprofit organizations and Health Department staff. The process not only brought together groups that had not worked together before, but even encouraged some to set aside historical tensions in order to achieve a higher goal.

Dr. Prentice introduced Karen Pierce, the new Project Coordinator of the Bayview Hunters Point Health and Environmental Assessment Project, who presented a proposal (Attachment C), which is a multiyear program that the community feels it needs. Other members of the Project presented. Marie Hoemke, member of the Asthma Task Force, presented the asthma portion of the proposal. Kathy Sommers presented the breast and cervical cancer portion of the proposal.

Cynthia Selmar, Director of Southeast Health Center and member of the Project, reported that a detailed workplan is underway.

Commissioner Parker, as a provider in the Bayview Hunters Point community and acknowledging the historical neglect in the community, stated that this is an opportunity to welcome this challenge and move forward to address these health issues. Commissioner Parker commended the Board of Supervisors in designating this project as a priority.

Public Speakers: Dee Epps-Miller, BVHP Healthy Start Collaborative
Gloria Thornton, S.F. Health Plan
Ena Aguirre, resident of BVHP
Nathan Nayman, Hospital Council
Ray Thompkins, BVHP Task Force
Francine Carter, resident, BVHP Task Force

President Monfredini announced that even though Commissioner Barnes had to leave, Commissioner Barnes is in support of the proposal.

President Monfredini thanked everyone who testified. She noted that the Task Force has completed this phase and encouraged the members to step back, look at the larger goal, and look to your professionals. She commended the Task Force for its commitment and hard work to come to this point.

Action Taken: The Commission unanimously adopted Resolution #13-98, "Endorsing a Response to a Request from the Health, Family and the Environment Committee of the Board of Supervisors to Submit a Proposal to Address the Problems of Asthma and Breast, Cervical and Prostate Cancer in the Bayview Hunters Point Community," (Attachment D).

Dr. Katz reported that Supervisor Bierman will hold another hearing in April at the Health, Family, and Environment Committee. She is working on a resolution upon recommendations from the Commission.

8) STATUS REPORT ON THE EMERGENCY MEDICAL SERVICES (EMS) RECONFIGURATION PLAN

Dr. John Brown, Medical Director for EMS Agency, introduced the second quarterly report (October-December 1997) of the San Francisco Fire Department, EMS Division, with the following:

The Fire Department has accomplished several important milestones in the merger process, including the deployment of the paramedic ambulances to fire stations and the electronic linkage of the Fire and EMS Dispatch functions. While response times have not yet decreased, the changes in staffing and deployment strategies occurred late in the quarter and it is too early to see the benefit of these changes. Moreover, call volume has been affected by various factors, including a high hospital diversion rate, which results in longer transport times.

I believe we are on tract with the implementation of the Phase II EMS Plan as amended. We anticipate that Local 798 labor negotiations will conclude soon and we will have full implementation of the new ambulance deployment strategy.

Rich Shortall, EMP-P, EMS Chief of the Fire Department, and Dr. S. Marshal Isaacs, EMS Medical Director, provided an update on the status of changes in the delivery of emergency medical services. For a copy of the full report, contact the Commission Office (554-2666).

The following areas were covered:

- Station Deployment/Paramedic Captains
- Combined Communication Center
- Medical Direction
- Quality/Risk Management
- Training
- Multicasualty Incidents/Special Events
- Response Times

Additionally, they presented the following addendum:

On February 21, 154 paramedics officially became H-1 Fire-Rescue Paramedics and began 24-hour shift assignments at 16 strategic Fire Stations throughout the City. The Department's ability to staff 16 paramedic ambulances 24-hours each day is the first significant step towards the goal of improving ambulance response times and the overall delivery of emergency medical care to San Francisco residents and visitors.

We have begun to monitor the number of emergency calls that each ambulance is dispatched to during a given 24-hour period. We specifically review the number of times an ambulance is dispatched during the final 7 hours of the shift. It is our ultimate goal to distribute the EMS workload as evenly as possible given our EMS resources, in order to meet response time standards without creating an unreasonable workload for our EMS providers. Toward this end, the first meeting of a joint Labor/Management Committee to review workload and its potential impact on the quality of care delivered has been held. This committee will meet on a regular basis.

Consistent with the trends noted during the second quarter, we continue to note an increase in requests for emergency medical service. The dispatch center reports an average of 210 ambulance dispatches per day. This is a significant increase over the 160 EMS dispatches that had been historically reported. In addition to factors already discussed, the heaviest rains ever reported in the Bay Area certainly contributed to the increase in EMS call volume. We are currently analyzing response time data for this period in preparation for the next quarterly report.

Commissioners' Comments:

- There needs to be careful analysis of data to determine the cause of the increased EMS call volume.
- Demographic data of the population is needed.
- The time of day and specific neighborhoods could be factors.
- The merger process on the whole has been positive, with the present problems being minor. Personnel issues were the most important and were the biggest hurdles.
- Staff was encouraged to approach major foundations to do a comprehensive study for quality data.
- The integration process has been successful. Concern was expressed for Local 790.

President Monfredini thanked the Fire Department staff for the quarterly report and will look forward to the next report.

9) PRESENTATION AND DISCUSSION ON THE EMERGENCY SHELTER PROGRAM AND POTENTIAL POLICY IMPLICATIONS

Note: This item was presented prior to the Director's Report. (Agenda item #4).

Dr. Mitch Katz, Director of Health, gave a report of the 1998 Emergency Shelter Program (Attachment E), with an overview of the potential policy implications raised by the emergency shelters.

Dr. Katz raised issues of the impact on warehousing of the homeless, security concerns, public health issues (i.e., TB, lice, scabies, gastrointestinal problems), and the site not being available for long-term use. He emphasized that up to now there has been minimal negative impact from these factors. Dr. Katz reported that after taking into consideration the Commissioners' concerns and after gathering data, the Department will come back to the Commission with a proposed policy regarding the emergency shelter. He emphasized that the emergency shelter should be seen as a first step towards permanent housing.

President Monfredini stated the Department would target April 21, 1998 to bring any policy issues to the Commission.

Commissioners' Comments:

- Although the emergency shelter is not a permanent solution, keep the shelter open as long as monies are available.
- The shelter should be a year-round commitment with a plan to have permanent housing for the future.
- Homelessness should be looked at by other Departments; not sure this Commission is the body to make the decision on the emergency shelter.
- Permanent housing, not just warehousing of the homeless, should be developed.
- Dialogue on the issues is welcomed.
- Data collection is needed for analysis.
- Dialogue with the community and staff prior to any decision is needed.
- Homeless crisis is on-going and is separate from a natural (El Niño) crisis.
- There is a need to study the constituency.
- The emergency shelter is a half solution; and yet, the City cannot wait for permanent housing.

(3.7) **PH-CHS-CSAS** - Retroactive emergency contract and sole source approval with Chemical Awareness and Treatment Services, Inc. (CATS), up to the amount of $749,279, to provide overnight shelter and support services to homeless residents of San Francisco for the period of March 1, 1998 through May 31, 1998. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

Commissioner Guy raised the concern about the impact of this emergency contract on the contractor's existing programs and its Board of Directors.

Action Taken: The Commission unanimously approved the emergency contract.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-98

REQUESTING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROCLAIM APRIL 6-12, 1998, "PUBLIC HEALTH WEEK", IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, this year the State of California celebrates 128 years of public health in California; and,

WHEREAS, public health services are a high priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, public health services protect and promote the health and safety of the residents of the City and County of San Francisco; and,

WHEREAS, public health programs are cost effective and contribute significantly to the reduction of needless suffering through increasing the knowledge and awareness of health behaviors; and,

WHEREAS, public health professionals and community partners who promote public health play important roles in providing for the health and welfare of our citizens; and their efforts are worthy of widespread praise and appreciation; and,

WHEREAS, the first week of April is celebrated as "Public Health Week" in 21 States, including California; and,

WHEREAS, "Public Health Week" recognizes the coalition of public and private health agencies, foundations, academia and health related enterprises that work to promote healthy behaviors; now, therefore, be it

RESOLVED, that the Health Commission respectfully urges the Mayor and Board of Supervisors to proclaims April 6-12, 1998, "Public Health Week" in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 17, 1998.

Sandy Ouye Mori

Sandy Ouyé Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-98

SUPPORTING THE CONCEPT OF A CITY AND COUNTY OMBUDSPROGRAM TO ADVOCATE FOR HEALTH CARE CONSUMERS

WHEREAS, the City and County of San Francisco has approximately 100,000 Medi-Cal recipients and eligibles, with a disproportionately high number of frail elderly, disabled, and immigrant populations; and,

WHEREAS, there is a need for health care consumers to access services through the many complex and changing systems of care; and,

WHEREAS, an ombudsprogram could provide consumer education, outreach, and culturally and linguistically sensitive assistance, and would support the goal of achieving universal health care in the City and County of San Francisco; and,

WHEREAS, there is support for an ombudsprogram from advocacy groups from the legal, labor, children and youth, consumers, and health care communities; now, therefore, be it

RESOLVED, that the Health Commission and Department of Public Health support the concept of a City and County ombudsprogram to advocate for health care consumers; and, be it

FURTHER RESOLVED, that the Health Commission and Department of Public Health encourages minimizing duplication of existing ombudsprogram services for health in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

A PROPOSAL TO ADDRESS THE PROBLEMS OF ASTHMA AND BREAST, CERVICAL AND PROSTATE CANCER IN BAYVIEW/HUNTERS POINT

Background

Based on a review of health and environmental problems in Bayview/Hunters Point presented at a town hall meeting convened under the auspices of the Bayview/Hunters Point Health and Environmental Assessment Project (BVHP-HEAP) in May, 1997, hearings were called before the Health Commission in July, 1997 and the Health, Family and the Environment Committee of the Board of Supervisors in October, 1997 to review the findings. At the October Board committee hearing, staff of the Department of Public Health, members of the BVHP-HEAP and other community representatives were asked to return in order to propose remedies to some of the identified problems.

During the ensuing month, a broad coalition including long-time participants in the BVHP-HEAP, the Department of Public Health, members of the Asthma Task Force (which arose from a concern over the high prevalence of asthma at the George Washington Carver Elementary School), the Bayview/Hunters Point Health Care Task Force (a coalition of St. Luke's Hospital, Southeast Health Center, Silver Avenue Family Health Center and community residents focused on a volunteer effort to teach breast self-exam to women in Bayview/Hunters Point), the American Lung Association, the San Francisco Unified School District, Healthy Start, the Hospital Council of Northern California, the American Cancer Society, the Breast Cancer Early Detection Program, the Breast Cancer Oral History Action Project, the University of California at San Francisco, San Francisco State University, City College and representatives of individual hospitals and managed care plans came together to develop a strategy to prevent and/or reduce the harm of health problems in Bayview/Hunters Point. It was agreed that the initial efforts in what would clearly be a multi-year project should be based upon existing activities that could be strengthened and expanded, while new initiatives to address other identified problems would have to be developed as well.

Accordingly, at a follow-up meeting of the Board committee in November, the coalition proposed that the initial focus should be on existing activities related to asthma and to breast and cervical cancer, which had already been targeted by well-meaning but underfunded groups. The Board committee asked the coalition to return with a specific proposal that would both strengthen and expand those activities. At the request of Supervisor Bierman, the group was also directed to propose activities to address prostate cancer.

This process, and the prospect of political and financial support from the City, has provided an important incentive to build a broad coalition that is capable of addressing the wide scope of health and environmental issues in Bayview/Hunters Point. While some activities had already been undertaken, they were often isolated from one another and from the kind of outside help that could make them more successful. The process over the past several months has created a forum in which closer collaboration could be developed, old rivalries could be set aside for the greater good and a broadly based commitment of public, private and community resources could be mobilized. There is great optimism that a foundation is being built to make it possible to reduce the extraordinary rates of preventable illness and death that have for too long characterized the Bayview/Hunters Point community.

Proposal

This proposal attempts to both focus on the long-term development of a comprehensive approach to improving the health and environment of Bayview/Hunters Point while offering concrete options to address some specific health problems now. It is proposed that a facility be secured, through lease, purchase or construction, that could serve as a Bayview/Hunters Point Health and Environment Resource Center (BVHP-HERC) which would house a variety of community-based programs dedicated to health and environmental issues in the neighborhood. The facility would be organized internally like a farmer's market or mall, with individual programs housed to address specific problems, while collectively they would provide a central resource for community residents to learn about and help remedy health and environmental problems. The BVHP-HERC would initially house programs focused on asthma and breast, cervical and prostate cancer, but it would be designed to house other compatible programs that are less conveniently located as well as new programs that would be developed over time. The facility itself would provide incentives for community-based programs to participate by offering free or reduced rents, information system support, meeting rooms, child care and transportation. The goal is to make the BVHP-HERC a vital nerve center for health and environmental issues that can help mobilize the community as well as offer information and assistance.

In the preparation of the specific program budgets, it was agreed that there would be several overriding principles that would encompass the entire scope of the proposal:

- There must be accountability to the community and to the quality of services provided;
- To ensure accountability to the community, whenever possible contracts will be established with community-based organizations and new jobs created will be used to hire community residents;
- Work currently being done must be strengthened and built upon, relying particularly on organizations with experience in promoting community health and wellness.
- Collaborations must be encouraged, both within the community and with outside entities.

Budget

The budget is divided into three main sections: **The Bayview/Hunters Point Health and Environment Resource Center (BVHP-HERC)** and two specific programs, the **Asthma Resource Center** and the **Center on Cancer, Health and the Environment.**

The **BVHP-HERC** costs include support for an **executive director** who will oversee the operation of the facility, general outreach and education to the community, advocacy and funding development, representation on citywide planning committees and coordination among participating programs and other community organizations. It is expected that the executive director will become a leader on health and environmental issues in the community and in the city. Personnel costs also include support for a **secretary** to perform clerical duties and oversee the scheduling of events at the facility and a **custodian/driver** who will be responsible for maintaining the facility providing transportation to neighborhood residents who use the facility. A **management assistant** position is also requested to assist the Center Director of the Southeast

Health Center to execute and monitor the contracts for the BVHP-HERC and its component programs.

Operating costs for the BVHP-HERC include **rent** for the facility staff and for the two programs to be housed initially. The rent costs are calculated at 200 square feet per person, plus meeting rooms and child care space, times $1.25 per square foot for twelve months. Another $25,000 is requested for **tenant improvements** and $7,500 is requested for **utilities**. Although the budget includes support for rent, it is strongly preferred that consideration be given to purchasing an existing facility in Bayview/Hunters Point or constructing a new facility on land adjacent to the Southeast Health Center. Funds are also requested to provide a **copier, fax machine** and **computer wiring** for the entire facility. Similarly, funds to support a **van** and **insurance** and **child care**, including specialized child care for children with asthma, would provide essential services for users of the facility. Funding is included for special **events** and for **consulting services** to assist in grant writing, program development, training, information systems and program evaluation. **Supplies, postage** and **local travel** for staff are also requested.

The **Asthma Resource Center (ARC)** will be one of the first programs housed within the BVHP-HERC. The ARC will provide community outreach and education on asthma; promote prevention, early identification and screening; and offer case management services to children with asthma. The **project director** will be the primary liaison with the community on asthma and will oversee the various program components. The project director will also promote collaboration with the Department of Public Health, federal, state and private agencies, universities, schools, churches, employers and community-based organizations to develop a comprehensive strategy to reduce the prevalence and acuity of asthma among people of all ages in Bayview/Hunters Point, as well as having the primary responsibility for securing funding to support that strategy. The project director will directly supervise the health educator, nurse case manager, social worker and secretary. The **health educator** will have the lead responsibility for community outreach and education, including development of a media campaign, videos and other means to communicate information about asthma; supervision of community health workers to provide trainings on asthma, conduct in-home risk reduction practices and make presentations to churches, schools, child care centers, workplaces and community programs on the prevention and treatment of asthma; and, coordinate the participation of managed care plans, hospitals and physician groups in efforts to develop clinical and community prevention efforts and increase screening and early detection of asthma. The **respiratory therapist** will provide consultation to health workers, parents, school staff and others to improve their understanding of the causes, prevention and treatment of asthma. The **social worker** will have lead responsibility for organizing support groups, asthma camps, recreational activities, celebrity presentations and trainings on living with asthma. The **community health workers**, under the appropriate professional supervision, will provide most of the direct services described above, ranging from prevention and education to case management as part of an overall treatment plan. Within a special case management plan for children with asthma, three **nurse case managers** will supervise six health workers to provide case management to 300 children. Working in collaboration with a primary care physician and the children's families, the nurse case managers and community health workers will assure that the children keep their medical appointments, take their medications, have adequate support at school and have taken all precautions to reduce the presence of asthma triggers in the home.

Operational support for the ARC includes funding for **supplies, computers and software, postage, local travel for staff, special events and media and advertising.** A special fund, included in supplies, would be established to assist low-income families with the purchase of hypo-allergenic mattress and pillow covers, HEPA (High Efficiency Particulate Air) filters and other items necessary to control asthma triggers in the home. (Hospital suppliers will be solicited to supplement the supplies budget for in-home items.) Consultant services from a physician would support the clinical education and case management components, while media consulting would improve the quality and effectiveness of community-wide outreach.

The **Center on Cancer, Health and the Environment** will focus initially on breast and cervical cancer among women and prostate cancer among men. The program will be structured around individual program components under an overarching administrative structure. The focus on breast and cervical cancer will be divided into five main components: Community outreach, education, screening and diagnosis, treatment and support services.

- Community outreach will build upon existing efforts, including a door-to-door volunteer program and a community organizing project.
- Education will include a collaboration with the San Francisco Unified School District, the Department of Public Health, the BVHP-HEAP and other public and community agencies to develop a "learning by doing" curriculum in family and environmental health for use in the schools and by the general public.
- The screening and diagnosis component will complement the work conducted under the auspices of the Department of Public Health's Breast and Cervical Cancer Services and the Breast Cancer Early Detection Project. The emphasis will be on increased access to screening, including mammography, and a unique patient navigator program to assist and encourage women who have abnormal mammograms to receive rapid and regular follow-up diagnosis and treatment.
- The treatment component will also include active collaboration from managed care plans and the various provider networks present in Bayview/Hunters Point to improve access to treatment.
- The support services component, supplementing an African American women's group organized under the auspices of the American Cancer Society, will assist women living with breast or cervical cancer by providing counseling, peer support groups, respite and support for the activities of daily life. The focus on prostate cancer will initially consist of community education, community organizing and program development, since there is currently very little organized activity dedicated to prevention, diagnosis and treatment of prostate cancer outside of care patients receive from their physicians and hospitals. It will be the intent of the program to evolve so that services provided to women with breast and cervical cancer will be appropriately mirrored for men with prostate cancer.

The **program director** will be responsible for providing overall coordination of the collaboration among different organizations, as well as overseeing the development of broader initiatives related to cancer, health and the environment. The program director will also administer centralized resources for staffing and operational support. One **health educator** will focus specifically on breast and cervical cancer, including use of the media for community education, coordination with community health workers on community outreach and development of managed care plan and provider network support and collaboration. The second **health educator** will focus on community education, community organizing and program development related to prostate cancer, with the goal of creating a comprehensive, community-based initiative. A **social worker** would coordinate and conduct support groups, counseling and practical assistance for people living with cancer. Two **community health outreach supervisors** will supervise three **community health workers** and a large contingent of community volunteers (who will receive stipends) to provide support to each of the program components under appropriate professional supervision, with a particular emphasis on community outreach and education, follow-up on screening and diagnosis, navigation support for treatment services and support services. The **secretary** will provide clerical support for the entire program.

Operational support for the program includes **supplies, computers and software, postage, printing and reproduction, local travel for staff, special events, training** and **media and advertising. Equipment** purchased would include a video camera, VCR and monitor to assist in education and training. In addition, **stipends** (@$15 per hour) are included to pay community participants in outreach, education and support activities. **Consultant services** will be sought to assist in community organizing activities, and **professional services** would enable the program to secure mobile mammography and other diagnostic services without the age- and eligibility-based restrictions that currently present an obstacle to many women.

BAYVIEW/HUNTERS POINT
COMMUNITY HEALTH AND ENVIRONMENT RESOURCE CENTER

Sub-Object	FTE	Class	Description	Classification Annual Salary (1.0 FTE)	Allocation/ Actual Salary	Center Administration		Asthma Resource Center		Cancer, Health and the Environment	
						FTE	Allocation/ Salary	FTE	Allocation/ Salary	FTE	Allocation/ Salary
			SALARIES								
	1.00	1372	Spec Asst XIII (Executive Director)	$65,000	$65,000	1.00	$65,000				
	1.00	1444	Secretary I	$32,000	$32,000	1.00	$32,000				
	1.00	1842	Management Assistant	$40,000	$40,000	1.00	$40,000				
	1.00	2736	Porter (Custodian/Driver)	$28,000	$28,000	1.00	$28,000				
	1.00	1444	Secretary I	$32,000	$32,000			1.00	$32,000		
	0.50	2536	Respiratory Practitioner (Therapist)	$55,000	$27,500			0.50	$27,500		
	1.00	2593	HCP III (Program Director)	$60,000	$60,000			1.00	$60,000		
	1.00	2822	Health Educator	$60,000	$50,000			1.00	$50,000		
	1.00	2930	Social Worker	$55,000	$55,000			1.00	$55,000		
	1.00	9924	Comm Hlth Wkr (Public Svc Aide)	$35,000	$140,000			4.00	$140,000		
			Case Management Project								
	3.00	2320	Nurse Case Manager	$55,000	$165,000			3.00	$165,000		
	1.00	2591	Project Co-ordinator (HPC II)	$50,000	$50,000			1.00	$50,000		
	6.00	9924	Comm Hlth Wkr (Publ Svc Aide)	$35,000	$210,000			6.00	$210,000		
	1.00	1444	Secretary I	$32,000	$32,000					1.00	$32,000
	2.00	2587	Outreach Supervisor (HW III)	$45,000	$90,000					2.00	$90,000
	1.00	2593	Program Director (HPC III)	$60,000	$60,000					1.00	$60,000
	2.00	2822	Health Educator	$50,000	$100,000					2.00	$100,000
	1.00	2930	Social Worker	$55,000	$55,000					1.00	$55,000
	3.00	9924	Comm Hlth Wkr (Publ Svc Aide)	$35,000	$105,000					3.00	$105,000
	32.50		Subtotal		$1,396,500	4.00	$165,000	18.50	$789,500	10.00	$442,000
			Fringe		$349,125		$41,250		$197,375		$110,500
	32.50		TOTAL SALARIES		$1,745,625	4.00	$206,250	18.50	$986,875	10.00	$552,500
			OPERATING EXPENSES								
02200			Training		$3,000						$3,000
02302			Local Field Expense		$10,000		$3,000		$4,000		$3,000
02701			Entertnmnt/Prom - Events		$17,500		$5,000		$5,000		$7,500
02783			Stipends		$110,000						$110,000
02763			Prof Svcs Contracts		$80,000		$10,000		$20,000		$50,000
02801			Scavenger Svcs		$7,500		$7,500				
			Subtotal		*$228,000*		*$25,500*		*$29,000*		*$173,500*
03011			Property Rental - improvements		$100,000		$100,000				
03131			Office Mach Rental		$3,000		$3,000				
03581			MEDIA and Advertising		$60,000				$50,000		$10,000
03621			Day Care Assistance (Childcare)		$25,000		$25,000				
			Subtotal		*$188,000*		*$128,000*		*$50,000*		*$10,000*
04951			Mat & Supplies		$112,500		$2,500		$100,000		$10,000
			Subtotal		*$112,500*		*$2,500*		*$100,000*		*$10,000*
06029			Automobiles (incl. insurance)		$30,000		$30,000				
06061			Data Processing Equipment		$72,500		$20,000		$32,500		$20,000
06100			Equipment Purchase		$3,000						$3,000
			Subtotal		*$105,500*		*$50,000*		*$32,500*		*$23,000*
			TOTAL OPERATING EXPENSES		$634,000		$206,000		$211,500		$216,500
			WORK ORDERS								
081CB			Cao Ins & Risk		$2,000		$2,000				
081EL			Electricity		$1,500		$1,500				
081ET			Telephone		$1,500		$1,500				
081PM			City Mail Svcs		$6,000		$2,500		$2,000		$1,500
081PR			Reproduction		$5,000				$2,500		$2,500
081UL			Light, Heat & Power		$750		$750				
081WP			Dpw Water Pollution		$750		$750				
			TOTAL WORK ORDERS		$17,500		$9,000		$4,500		$4,000
			TOTAL		$2,397,125		$421,250		$1,202,875		$773,000

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-98

ENDORSING A RESPONSE TO A REQUEST FROM THE HEALTH, FAMILY AND THE ENVIRONMENT COMMITTEE OF THE BOARD OF SUPERVISORS, TO SUBMIT A PROPOSAL TO ADDRESS THE PROBLEMS OF ASTHMA AND BREAST, CERVICAL AND PROSTATE CANCER IN THE BAYVIEW HUNTERS POINT COMMUNITY

WHEREAS, a review of health and environmental problems in the Bayview Hunters Point community was developed under the auspices of the Bayview Hunters Point Health and Environmental Assessment Project; and,

WHEREAS, the findings revealed a disturbing profile of preventable illness and death in the Bayview Hunters Point community; and,

WHEREAS, among those findings were hospital admission rates for asthma three to four times the statewide average, mortality rates among African American women with breast cancer 77% higher than among white women, cervical cancer rates twice the expected rate, and comparatively high rates of prostate cancer; and,

WHEREAS, there were different groups working on various aspects of asthma and breast and cervical cancer in Bayview Hunters Point, although not in the most coordinated fashion; and,

WHEREAS, the directive from the Health, Family and the Environment Committee of the Board of Supervisors was for those groups to work together to jointly develop proposals that would make efforts to reduce the presence and harmful effects of asthma and breast, cervical and prostate cancer in Bayview Hunters Point, understanding that such efforts would serve as the foundation from which future initiatives would be developed; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby determine that the proposals developed in response to the request of the Health, Family and the Environment Committee of the Board of Supervisors constitute a sound public health response to the identified problems, and an important collaboration that will be essential to make the proposed initiatives successful; and, be it further

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby commend to the Health, Family and the Environment Committee of the Board of Supervisors and to the Mayor the proposals contained therein.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

San Francisco 1998 Emergency Shelter Program

Declaration of a State of Emergency
On February 5th in anticipation of severe winter storms, Mayor Brown declared a state of emergency and directed activation of three emergency shelters. His declaration was ratified by the Board of Supervisors the following Monday. Subsequent to the Mayor's declaration, both the Governor and the President of the United States declared San Francisco a disaster area.
Emergency declaration provides the following:

- costs incurred to support emergency operations would be reimbursed through State and Federal disaster recovery programs;
- the regular approval process used by the City for policy direction, and day to day operations changed when the City's "Incident Command Structure" (ICS) became activated; and
- under both the City's administrative code, and the State's Government code, City employees were declared disaster service workers and many were assigned through the ICS to emergency duties outside the scope of their normal duties.

Shelter Operations/Services
The 24 hour shelters were opened at three Recreation and Park facilities: Joseph Lee in Bayview Hunters Point, Kezar Stadium in the Haight and 6th and Folsom, South of Market. Under the City Emergency Operations Plan, a multi-agency task force began to meet daily to coordinate and plan shelter activities. In addition to the Health Department, the team consisted of the Mayor's Office of Emergency Services (OES), Mayor's Office of Homelessness (MOH), Department of Human Services (DHS), Recreation and Park (R & P), SF Police (SFPD), Purchasing Department (PD), SFFD Emergency Medical Services, the American Red Cross (ARC) and the Salvation Army (SA). Each Department had their specific assignments and responsibilities throughout the emergency.

DPH Provided physical and mental health services to the shelter sites opened by the Red Cross. DPH staff at each site included a public health nurse, mental health counselor, TB Control staff, substance abuse counselor and a psycho-social outreach worker and daily visits by a physician. Laguna Honda Hospital provided laundry services for the blankets and towels used in the shelters. In addition the Health Department was responsible for environmental oversight of the shelters. DPH was also involved with coordination of logistics/supplies and staffed the Turk Street Command Center 12 - 18 hours a day.

OES	After portions of the Command Center were activated, the Director of OES was delegated the authority to open the emergency shelters by Mayor Brown.
MOH	Coordinated client services, took over management of the Kezar Stadium shelter.
DHS	Provided personnel as staff for shelter management.
R&P	Managed facility support including garbage pickup, janitorial services and site maintenance.
SFPD	Shelter security and enforcement of shelter rules.
PD	Provided support and guidance overcoming many potential purchasing obstacles.
SFFD	Contributed to initial shelter design planning stages so they would know exactly what to expect when 9-1-1 shelter calls were received.
ARC	Primary responsibility for the management of the shelter sites.
SA	Provided three meals a day to each site.

As reported at recent Commission meetings, the population of the shelters ranged between 400 - 600 individuals daily (attachment 1). The problem of overcrowding became a great concern. The Health Department conducted a survey February 12th at all the sites to determine who were being served in the shelters and whether or not these individuals had ever used City shelters prior to this occasion. Of the 136 people surveyed, just under half had never before used a shelter, and 53 (39%)were not receiving services of any kind (attachment 2). From a public health perspective this fact indicated we were reaching a number of homeless people who were not part of our regular clientele. The emergency shelters afforded DPH the opportunity to screen homeless individuals who had been difficult to reach and attempt to connect them to services.

The staff on site performed visual TB screening, conducted daily clinics, provided on-site counseling and referrals. We normally would have expected inappropriate emergency room visits and 9-1-1 calls to have increased as persons sought out shelter from the rain in our hospital facility. Anecdotally we found that there was no increase in inappropriate use of hospital or ambulance services. Traditionally the Emergency Department has been a source of food, clothing and shelter for this population when alternatives are not in place. The Community Health Network, Emergency Medical Services Division and the SF Fire Paramedics are working on a detailed statistical report on the impact of the emergency shelters on the City's emergency response system. This report should be ready for presentation at the first Commission meeting in April.

Mission Rock Shelter

The task force of the City's Operations Plan began looking for a replacement site for the three Recreation and Park sites. The Recreation Centers needed to be returned to their original purpose. Twelve sites were identified in mid-February as possible replacement shelters. The old Armory was considered as were sprung structures. The Mayor assigned the City's Chief Administrator, Bill Lee, to explore alternative sites. All of these sites were explored. A decision was made February 20th to occupy a warehouse owned by the Port of San Francisco at 76 Mission Rock.

The declaration of emergency was still in effect, allowing phenomenal activities to transform the building in less than a week. Retrofitting the warehouse to make it suitable for sheltering began February 21st and was completed by February 25th. This involved a major effort by DPH, the Port and one of their contractors, EPS. The warehouse was cleaned out, asbestos piping was removed, hazardous materials were cleared from the perimeter of the building, carpeting was laid, temporary walls were built, heating was supplied, lavatories and shower trailers were delivered, outside kennels for pets were constructed and a contractor to run the facility was identified. DPH hired the contractor, Chemical Awareness & Treatment Services (C.A.T.S.) to replace the American Red Cross volunteers who had managed the emergency shelters at the Recreation Centers. C.A.T.S. began management of the Mission Rock shelter February 28th. The Mayor's Office of Emergency Services anticipates the majority of the expenses incurred in the retrofit and operation of the building will be reimbursable by FEMA.

The three Recreation and Park shelters were phased out between February 25th and March 2nd. The first 200 occupants who had been staying at the Joe Lee Recreation Center were voluntarily transferred to Mission Rock the evening of February 25th, followed by 6th and Folsom on the 26th, and Kezar March 2nd. Approximately 600 individuals chose to make the move to the Mission Rock shelter. The Recreation and Park facilities returned to normal operations the week of March 2nd.

The Mission Rock shelter contains separate areas for men, women and transgenders. Accommodations have been made for couples. Families who come to Mission Rock are not turned away, but are triaged into more appropriate facilities. Three meals a day are served. C.A.T.S. is providing case management of clients, benefits assistance, substance abuse counseling and information and referrals. The Health Department conducted TB screening of all the residents at time of registration. DPH provided 24 hour nursing for the first 5 days, and continues to provide physician and medical support as well as mental health counseling. Mission Rock shelter staff have been working closely with SFGH Social Services and the Emergency Department staff to provide expedited transfer of discharged homeless patients to special reserved Mission Rock beds. C.A.T.S. had a difficult time finding a contractor to provide security, and janitorial services on such short notice. DPH felt these two areas were essential to the success of the program, so provided interim back-up support with DPH staff.

The emergency shelter experience has provided an excellent opportunity for DPH to test its own emergency response program. In addition, this has been an invaluable learning tool for the Department to work together in a new fashion and to pilot the integrated delivery system model.

Policy Implications

The contract for services with C.A.T.S. is approximately $250,000 a month, and was drafted to continue through the rainy season. The MOU between DPH and the Port to lease the warehouse extends through May. The building itself is due for demolition July 1999 and will become part of the parking lot for the new Giants Stadium. The Port does not intend to lease the facility out again before the demolition, so if the City decides to provide winter shelters next year, the retrofitting has been completed and the site would be available. The Health Department, at the request of the Mayor's Office began to develop criteria for establishment of winter shelters (attachment 4). The EMS Division is researching criteria used by other State and Federal agencies and will revise the draft based on these findings.

The 1998 emergency shelter program became a reality as a result of the declared state of emergency. In making the decision to open emergency shelters, long term policy implications were not addressed. The need to provide temporary housing for the homeless became apparent when the storms continued and lives were at risk. The shelters filled this need in a competent, humane and timely fashion.

Looking to the future, the following policy questions need further discussion and direction from the Commission:

- Do we support continuance of the shelters beyond the duration of the winter rains? If so, how do we pay in a non-emergency situation? How do we prioritize the costs of shelter versus the costs of permanent housing? While shelters are far less expensive per person and are easier to construct than permanent housing they do not significantly change the circumstances of peoples lives.
- For whatever period of time the shelters are open, how can we best use them to create exits from homelessness rather than simply acting as a temporary warehousing of people?

The Health Commission in coordination with the Mayor's Office and the Department of Human Services will need to answer these questions in the coming months. In the meantime, the Department appreciates the Commission's support during this declared emergency and look forward to better defining DPH's role in the City's shelter programs.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
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Vice President

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Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Sandy Ouye Mori
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AGENDA

HEALTH COMMISSION MEETING

April 7, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING MARCH 17, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Tom Waddell-Homeless Programs -** Request for approval of new contract and sole source request with the Bar Association of San Francisco (BASF) in the amount of $194,028 to provide advocacy and legal and technical assistance to severely disabled individuals applying for Supplemental Security Income, for the period of date of certification through June 30, 1999. (DPH contracted with BASF for services totaling $77,868 during FY 1996-97).

(3.2) **CHP&P-HIV Prevention -** Request for approval of retroactive renewal contract with CAL-PEP, in the amount of $256,496, for the provision of HIV prevention program services targeting behavioral risk populations and venue-based individual outreach services, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAL-PEP for services totaling $228,138 during FY 1996-97).

(3.3) **PH-CHS-STD Prevention & Control -** Request for retroactive approval of renewal contract and sole source with the Regents of the University of California at San Francisco (UCSF) - Adolescent Medicine Department, in the amount of $208,440 per year, for the continued provision of research and evaluation activities to prevent infertility due to sexually transmitted diseases, for the period of February 27, 1998 through February 26, 2000. (DPH contract with UCSF for services totaling $13,848,952 during FY 1996-97).

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(3.5) **PH-CHS-CSAS -** Request for retroactive approval of multiyear contract renewal with Institute of Advanced Driver Education and Training (IADET), in the amount of $211,375 (in client fees only), to provide First Offense Driving Under the Influence (DUI) services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with IADET for services totaling $202,778 in client fees during FY 1996-97).

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(3.9) **PH-CHS-CMHS -** Request for approval of new contract with Family Service Agency (FSA) for psychiatric services in the amount of $50,000 for the period of April 1, 1998 through June 30, 1998; and $250,000 for the period of July 1, 1998 through June 30, 1999 to provide a residential care facility program to San Francisco Mental Health Plan enrollees under a managed care model of care. (DPH contracted with FSA for services totaling $4,422,837 during FY 1996-97).

(3.10) **PH-CHS-CMHS** - Request for approval of new contract with the Regents of the University of California San Francisco (UCSF) Langley Porter Hospital and Clinics for mental health services in the amount of $20,000, for the period of April 1, 1998 through June 30, 1998; and $100,000 for the period of July 1, 1998 through June 30, 1999, to provide mental health treatment services for clients who are eligible to receive services under the new model of care and the San Francisco Mental Health Plan. (DPH contract with UCSF for services totaling $13,848,952 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF A RESOLUTION PROCLAIMING NATIONAL NURSES' WEEK, MAY 6-12, 1998**

6) **CONSIDERATION OF A RESOLUTION ON AMENDMENTS TO THE SAN FRANCISCO COUNTY ADULT DAY HEALTH PLAN**

7) **A.** **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE PROPOSITION 99-FUNDED FY 1998-2001 COMPREHENSIVE TOBACCO CONTROL PLAN**

B. **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE PROPOSED MANGINI SETTLEMENT-FUNDED TOBACCO PREVENTION PLAN**

8) **CONSIDERATION OF A RESOLUTION DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO DEVELOP A PLAN IN RESPONSE TO PHYSICAL PLANT ISSUES AT LAGUNA HONDA HOSPITAL**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

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TEL: (415) 554-2666
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ADDENDUM

TO AGENDA

OF THE BUDGET COMMITTEE

HEALTH COMMISSION MEETING

Tuesday, April 7, 1998
3:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

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The following item is to be added to the Budget Committee Agenda at the above meeting:

(3.11) SB 1255 SUPPLEMENTAL

Consideration of a Supplemental Appropriation Request to fund an intergovernmental transfer payment of $30,000,000 for fiscal year 1997-98 in order to qualify for SB 1255 supplemental payment funds, and Medi-Cal Graduate Medical Education funding.

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 7, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:02 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Edward A. Chow, M.D.
	Commissioner Ron Hill
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Roma P. Guy, M.S.W.
	Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 17, 1998

Action Taken: The Commission unanimously adopted the minutes of March 17, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

President Monfredini pointed out that too many of today's contracts are retroactive and requested the Department to continue its improvement on this matter.

(3.1) **CHN-Tom Waddell-Homeless Programs -** Request for approval of new contract and sole source request with the Bar Association of San Francisco (BASF) in the amount of $194,028 to provide advocacy and legal and technical assistance to severely disabled individuals applying for Supplemental Security Income, for the period of date of certification through June 30, 1999. (DPH contracted with BASF for services totaling $77,868 during FY 1996-97).

President Monfredini requested the contractor to send a letter to the Department in five months (October 1998) with an update on its continuing progress towards compliance on its Board composition.

(3.2) **CHP&P-HIV Prevention** - Request for approval of retroactive renewal contract with CAL-PEP, in the amount of $256,496, for the provision of HIV prevention program services targeting behavioral risk populations and venue-based individual outreach services, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAL-PEP for services totaling $228,138 during FY 1996-97).

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This item was postponed to a future meeting.

(3.11) SB 1255 Supplemental -_Consideration of a Supplemental Appropriation Request to fund an intergovernmental transfer payment of $30,000,000 for fiscal year 1997-98 in order to qualify for SB 1255 supplemental payment funds, and Medi-Cal Graduate Medical Education funding.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with #3.10 being postponed to a future meeting.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Proposition 187

In 1994, California voters passed Proposition 187 which denied undocumented residents access to publicly-funded education, health care and social services, and required public agencies providing these services to report persons "suspected" of being undocumented to immigration authorities. The Health Commission and the San Francisco Board of Supervisors adopted resolutions opposing Proposition 187. Since its passage, several lawsuits have been filed questioning the constitutionality of the ballot measure.

On March 17, 1998 the United States District Court issued a final judgment finding Proposition 187 unconstitutional and permanently enjoining the State from implementing and enforcing the law. Specifically, the Court found the following sections of Proposition 187 unenforceable:

- Law enforcement agency cooperation with INS,
- Exclusion of illegal aliens from public social services,
- Exclusion of illegal aliens from publicly funded health care,
- Exclusion of illegal aliens from public elementary and secondary schools,
- Exclusion of illegal aliens from public post secondary educational institutions, and
- State Attorney General cooperation with INS.

The Court's ruling was based on the fact that Proposition 187 is preempted by federal law (i.e., the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, also known as the

Welfare Reform Act). California is required to enact regulations pursuant to the federal Welfare Reform Act and not Proposition 187. The Court also found that the State had no power to legislate in the area of immigrant eligibility for federal, state and local benefits. In addition, a 1982 Supreme Court decision (*Plyler v. Doe*) held that States could not deny basic public education to children based on their immigration status.

As the Health Commission is aware, the federal Welfare Reform Act places restrictions on the type and level of federal benefits that "non-qualified aliens" and legal immigrants can receive and imposes time restrictions on the receipt of public assistance (i.e., Temporary Assistance to Needy Families). We are very pleased with the Court's ruling.

Prenatal Care

Last month the Los Angeles County Superior Court ruled that the State could not implement regulations eliminating prenatal care for undocumented women. The Court ruled that the regulations failed to ensure that women would continue to receive access to screening and treatment for communicable diseases. It is our understanding that the State is considering appealing this decision.

In February 1998 the Department reiterated its policy to continue providing pregnancy-related services to undocumented women. A notice was sent to all Department staff informing them to continue following normal operating procedures. The Department continues to work with immigrant rights advocacy organizations to ensure that undocumented women are aware of their ability to access Medi-Cal for this service.

President's Commission on Consumer Protection and Quality in the Health Care Industry

On March 13, 1998 the President endorsed the final report of his Advisory Committee.on the President's Commission on Consumer Protection and Quality in the Health Care Industry. As the Health Commission is aware, this Advisory Committee was established to advise the President on changes occurring in the health care system and how to promote and ensure consumer protection and health care quality.

The Commission's final report has over 50 recommendations to improve health care quality. As part of their final report, the Commission recommended adoption of a clear statement of purpose for the health care system. The Commission recommended that the following statements be articulated by the President: ***the purpose of the health care system must be to continuously reduce the impact and burden of illness, injury, and disability; and to improve the health and functioning of the people of the United States***. In addition to addressing consumer protection and health care quality, the Commission also urged the President to continue efforts to reduce the number of uninsured and underinsured Americans.

The Department believes that the work of the Commission is critical to ensuring improvements in our health care delivery system. Implementation of any recommendations from the report will be at the direction of President Clinton's Administration.

Healthy Families

On March 24, 1998 the federal government approved California's Children's Health Insurance Program -- Healthy Families Program. California is the sixth State to win approval for its plan. The Managed Risk Medical Insurance Board (MRMIB) still anticipates implementing the program effective July 1, 1998.

The federal government is not allowing California to access the federal Vaccine for Children's Program (VFC) under Healthy Families. VFC was established to serve children who are either enrolled in Medicaid or who are uninsured. A Healthy Families participant meets neither of these criteria. There is concern that the financial cost of vaccines may exceed the annual capitation rate that providers receive under the program -- making participation difficult. The federal government has encouraged the State to look at the possibility of creating a State-Only Vaccine Program. Under this program, the State may use federal dollars to purchase vaccines for children enrolling in this program.

Electronic Data Systems will be the administrative vendor for the program providing day-to-day operational support. Considerable concern was voiced when the State originally selected a health plan -- WellPoint/Blue Cross of California -- as the administrative vendor. There was concern over conflict of interest in awarding the administrative vendor contract and a health services contract to the same health plan. The Health Department wrote to the State specifically opposing the idea of an administrative vendor also having a health services contract. After being awarded the contract, WellPoint/Blue Cross of California declined to accept the award for operational reasons. MRMIB then awarded the contract to Electronic Data Systems which has performed these types of administrative functions in other States and is not a provider of health care services.

As the Health Commission is aware, Healthy Families enrollment is voluntary. The State is holding a series of informational workshops on Healthy Families and has begun the pre-enrollment campaign. The Department is committed to ensuring that local public health staff are seen as vital components of any outreach and education campaign for this program. The Department's Community Health Network anticipates providing health care services to children enrolled in Healthy Families through its contract with the San Francisco Health Plan.

PUBLIC HEALTH

Kellogg Foundation Site Visit

I am happy to report that the Kellogg Foundation site visit on April 3, 1998 went well. We learned at the visit that only 28 sites of the 75 sites that applied were being visited. I was particularly grateful to have the President and Vice President of the Health Commission present to show their support of our proposal. Site visitors received tours of San Francisco General Hospital, Bayview Hunters Point neighborhood, Southeast Heath Center, and Mission Neighborhood Health Center. They saw a demonstration of our lifetime clinical record and spoke with Bayview Hunter's Point residents. Drs. Sandra Hernandez and Sophia Chang spoke about local foundation support for the safety net system. We will hear by approximately April 15th whether we have been chosen to submit a formal application. The Foundation expects to award 10 sites a five year grant ranging from 2.5 to 5.0 million dollars.

Adolescent Smoking Prevalence

The Centers for Disease Control issued new national data on the prevalence of smoking among adolescents The 1997 national data was collected through high schools, and only included older adolescents. The latest available California data was collected in 1996 from 12-17 year olds, and is only preliminary since the survey is conducted over a two year period. California data is collected through random phone surveys, which tends to yield lower smoking rates, perhaps due to the possible proximity of parents. The 1996 California data is not available by ethnicity. Since the sample size of adolescents surveyed in San Francisco is too small for statistical significance, no local adolescent data has been made available through these prevalence surveys.

The rate of increase among California adolescents from 1993 to 1996 was 30%. Specifically, the percentage of California adolescents who smoked within the past 30 days increased from 9.2% in 1993 to 12.0% in 1996. Nationally, this figure was 80% from 1991 (12.6%) to 1997 (22.7%).

At this time it is difficult to compare the two sets of data because of the differences in collection methods and the preliminary nature of the latest California data. However, there are parallel trends insofar as overall higher prevalence rates, and particularly large increases among African-American youth.

Policy and Planning Section

I am pleased to announce the appointment of Jessica Wolin as the Director of Planning for the Public Health Division. Ms. Wolin was most recently a senior planner for the Policy and Planning Unit. She has impressive credentials in public health planning, having worked for the Alameda County Health Services Agency and for the California Department of Health Services. Through the good graces of Tangerine Brigham, Ms. Wolin had been assigned to assist the Public Health Division over the past several months pending a formal reassignment. During this period, Ms. Wolin chaired the Public Health Division Planning Group, organized a successful all-staff meeting, produced the News & Views newsletter, organized events for Public Health Week and assisted in joint planning with the Community Health Network. I am sure you join me in congratulating Jessica on her new appointment.

STD Prevention and Control Section

Joe Engelman, M.D., M.P.H., from our STD Prevention and Control Section, has just returned from his second trip to Vietnam as a guest of the Center for AIDS Prevention Services to provide training on the diagnosis, treatment and prevention of sexually transmitted diseases at the Dermatovenereology Hospital in Ho Chi Minh City. During their first visit in September 1997, Dr. Engelman and colleagues were impressed by the dedication of Vietnamese clinicians and officials to reducing the prevalence of STDs and HIV, although the disease control efforts were still developing. They made recommendations on how to improve clinical and laboratory services, to institute Pap smear screening and to expand HIV counseling and testing.

On their most recent visit, Dr. Engelman was able to spend time seeing patients, where he discovered a large degree of self-treatment. Easy availability of antibiotics resulted in a high percentage of patients whose diagnosis of an STD was made more difficult by self-administered medication. The director of the hospital concurred in the recommendation to combine pharmacy education with a national campaign to tighten regulations on dispensing medications.

Dr. Engelman was also able to visit clinics in outlying areas, including a clinic that serves low-income commercial sex workers, where he recommended intensified screening activities, including Pap smears. Dr. Engelman's visits to Vietnam provide an excellent example of how the training and experience we gain in our local programs can contribute productively to an international public health effort.

MOU with the San Francisco Unified School District

I am pleased to announce the signing of a Memorandum of Understanding with the San Francisco Unified School District, in which the Department of Public Health will serve as medical consultant to the School District. Among other provisions, the agreement establishes that the Medical Director of Maternal, Child and Adolescent Health, the Medical Director of Children's Medical Services and the Medical Director of Children's Mental Health shall provide clinical and programmatic consultation to School District staff. This agreement enables the School District to take full advantage of the medical expertise in the Department, and it formalizes a collaborative relationship on a wide range of programs and services. A newly reconstituted School Health Planning Committee will soon be convened to design and carry out the larger program goals of the partnership.

World TB Day

The Department sponsored a press conference at the San Francisco Zoo on March 24 in observance of World TB Day. The event provided us with an opportunity to update the public about TB against the background of Calle, the elephant, who is currently undergoing her own effective, if not unconventional, TB treatment. Masae L. Kawamura, MD, Director of San Francisco TB Control, was joined by visiting officials from the CDC, Sara Royce, MD, Chief, TB Control Branch; California Department of Health Services; Zoo Veterinarian Freeland Dunker, DVM; and two TB patients who offered testimonials about their diagnosis and treatment.

The past year was peppered with high profile TB cases, including Calle the elephant and three unrelated cases at the Pacific Exchange. 1997 was the fourth consecutive year of decline in TB cases and we are happy to report that San Francisco has experienced its lowest TB rate in history. The decrease was almost exclusively due to the decline in African American TB cases and indicates effective TB control is being established in our most vulnerable populations. Targeted screening of higher risk groups through outreach efforts, community awareness and the use of preventive therapy with increased focus on the homeless and HIV infected is believed to be making its impact. Despite these promising statistics, TB case rates in San Francisco remains four times the national rate and double the California rate. HIV, substance abuse, poverty, homelessness and immigration continue to fuel the high rates. Prevention of TB cases among foreign born San Francisco residents will be the major challenge in the coming years as the percentage of TB cases in this group increases.

Multidrug resistant TB remains low, but is an important challenge as these cases may increase because of the increase of resistant TB elsewhere in the world.

Occupational Safety and Health

The OSH Section routinely receives calls about indoor air quality in the City and County of San Francisco (CCSF) buildings. CCSF employees may be concerned about "stuffy/stale" air, or may have symptoms which they feel are caused by the indoor air quality in their facility. This is sometimes called "Sick Building Syndrome". In an effort to help CCSF Supervisors and/or Building Facilities Managers respond to and deal with these concerns, the Occupational Safety and Health (OSH) Section has developed an "Indoor Air Quality Action Kit". This kit presents a systematic, user-friendly approach for identifying and resolving indoor air quality issues. If, after using the kit, the problem has not been resolved, then the information collected by the client can be utilized by the OSH staff in a more detailed evaluation. The kit can also be used to evaluate and improve indoor air quality in buildings where there are no reported problems, but the management wants to be proactive about indoor air quality. This kit is available to other CCSF Departments, as well as DPH facilities. The kit can be obtained by calling the OSH Section at 554-2793.

Violence Prevention Workshop

The Community Health Promotion and Prevention Section of Public Health in collaboration with the Violence Prevention Network sponsored a one day planning workshop last month at the Hall of Flowers. I was pleased to give the welcoming address on the "Root Causes of Violence". The day was divided into three issue areas focusing on the Economics, Mental Health, and Oppression surrounding violence in our society. Each topic was kicked off with a panel discussion by experts in the field followed by group sessions where participants brainstormed solutions as the beginning steps of developing a violence prevention action plan.

This conference was a continuation of the October forum which focused on "Community Rick Factors for Violence: Guns, Alcohol, Media, Witnessing Acts of Violence, Incarceration, and Community Deterioration". Group discussions and continuing meetings of the Violence Prevention Network will be utilized to complete the draft of a violence prevention plan for San Francisco. This effort is one of the final components of the Department of Health Services funded Violence Injury Prevention Project.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital Annual Survey Exit Conference

A 15-member team comprised of State Licensing and Certification surveyors and HCFA representatives concluded a three week certification and survey on Friday, March 13 with an exit debriefing. This meeting was attended by Health Commission President Lee Ann Monfredini and members of the CHN Executive Leadership group.

The survey team described their observations and preliminary findings. These preliminary findings will be reviewed by District Licensing and Certification supervisors before finalized and returned to the facility.

The survey team reported several items that are of great significance to the Department and to the future of Laguna Honda Hospital. These items include:

- A preliminary finding of substandard quality of care which they allege is created by the open wards, lack of privacy and safety issues primarily related to the facility.
- A preliminary recommendation that continuation of the long standing waiver for the open wards not be granted.
- A preliminary recommendation that continuation of the long standing waiver on semi-private rooms that do not meet HCFA size requirements not be granted.

A recision of the waivers would pose a direct threat to the reimbursement for a majority of the residents in the main building at Laguna Honda. The LHH Executive Team will develop a response and plan to the issues identified in the survey preliminary finding. The Commission will hear a special report on this issue later in this meeting.

March Was Nutritional Services Month - Some Interesting Facts About LHH Services

Laguna Honda Hospital serves 1,700,000 meals per year to hospital residents and staff while further providing food service to Adult Day Health Care and the Senior Nutrition Program. The Nutritional Services Department also has been a placement site for the Internship for Dietetics with San Francisco State University for over seven years. During this period, over 30 dietitians have been trained (and one has joined the LHH staff).

Last year LHH was evaluated by the American Dietetics Association (ADA) and was given an outstanding rating for its role in the training of dietitians. The ADA requested that Laguna Honda's role be enhanced to a full nine-week program.

Additionally, six students from Merritt College in Oakland were trained in the “Dietetic Assistant” program. Since 1982, LHH has been a part of graduate education for the combined Masters of Public Health and Nutrition Degree from University of California at Berkeley.

We commend the Nutritional Services Department through the assistance they provide to our neighboring institutions of higher education!

Sharon Nevins Resigns

I regret to announce that Sharon Nevins, Laguna Honda Hospital’s Chief Financial Officer for more than two years, recently announced her resignation effective March 19, 1998. Sharon has been an extremely valuable member of the LHH Executive Committee. The CHN Leadership Group commends her for taking a leadership role in rectifying significant budgetary problems which existed when she arrived at LHH two years ago. I wish to thank Sharon for all of her contributions and wish her the very best in her future endeavors. Mr. Wagner and Mr. Funk are working with Ms. Zmuda for replacement to this very key position.

Commissioner Chow requested that a presentation on the Department's collaborative efforts with the San Francisco School District be calendared for a future Commission meeting.

President Monfredini requested the Department to explore the feasibility of an Employee Recognition Program and bring a policy to the Commission for consideration.

Commissioner Chow encouraged the Department to integrate some of the principles of the recommendations from the President's Commission on Consumer Protection and Quality in the Health Care Industry into the work of the 1115 Waiver and Universal Health Care Blue Ribbon Task Force.

5) CONSIDERATION OF A RESOLUTION PROCLAIMING NATIONAL NURSES' WEEK, MAY 6-12, 1998

Gayling Gee, CHN Administrator, presented a resolution in commemoration of National Nurses' Week, May 6-12, 1998. She introduced nurses who represent the health care continuum in the Department. Over 1,000 nurses work for the Department.

Action Taken: The Commission unanimously adopted Resolution #14-98, "Endorsing the Designation of May 6-12, 1998 as Nurses' Week in the City and County of San Francisco," (Attachment A).

6) CONSIDERATION OF A RESOLUTION ON AMENDMENTS TO THE SAN FRANCISCO COUNTY ADULT DAY HEALTH PLAN

Gay Kaplan, Co-Chair of the San Francisco Adult Day Health Care Planning Council and Program Director for North of Market Senior Services, presented the revised Adult Day Health Care (ADHC) County Plan. The primary role of the Planning Council is to develop ADHC programs and to develop an ADHC County Plan. (Attachments B and C).

Ms. Kaplan acknowledged the work of Nyasha Junior with the Planning and Policy section of the Department. Ms. Junior facilitated the planning process and authored the County Plan.

Commissioner Chow pointed out that Service Area #1 (Chinatown/North Beach area) needs an ADHC service provider.

Action Taken: The Commission unanimously adopted Resolution #15-98, "Authorizing Approval of Revision of the San Francisco Adult Day Health Care County Plan," (Attachment D).

7) A. PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE PROPOSITION 99-FUNDED FY 1998-2001 COMPREHENSIVE TOBACCO CONTROL PLAN

Larry Meredith, Ph.D., Director of Health Prevention and Promotion, introduced Alyonik Hrushow of the Tobacco Control Project. Ms. Hrushow presented the Tobacco Control Plan.

The Plan addresses the following three State-mandated priority areas:

1. Reduce exposure to environmental tobacco smoke and support efforts to help people break their addiction to tobacco.

2. Reduce youth access and availability to tobacco through commercial and social sources.

3. Counter pro-tobacco influences in the community such as advertising, , marketing, promotion and sponsorships. This priority includes addressing the impact of transnational tobacco, particularly in communities with large immigrant populations which are affected transnational tobacco marketing.

The Plan is based on the following budget allocations:

- $819,000 in FY 1998-99;
- $779,000 in FY 1999-00; and
- $779,000 in FY 2000-01

Other "core program elements" that a were integrated into the Tobacco Control Plan and Budget include:

1. Maintenance of a community coalition. The State requires that the Tobacco Control Project provide staff support and technical assistance to the coalition. Other requirements include provision of a mission statement for the coalition and procedures for involvement in strategic planning. Additionally, involvement of representatives from high risk populations, those with expertise in tobacco control, and organizations not receiving tobacco control funding is required. Coalition members are involved in strategic planning and program implementation and as media spokespersons.

2. Clearly identified and measurable outcome objectives that focus on community norm changes. An example of a community norm change is the decreasing social acceptance of smoking associated with the implementation of smoke-free workplace policies.

3. An evaluation plan for each measurable objective and data collection system to determine the effectiveness of strategies. Ten percent (10%) of the budget must be allocated towards an evaluation component.

4. Strategically used paid media and public relations to support policy and education activities.

5. Up to three "planning objectives" are permitted with an action plan as the outcome. These have been incorporated into the community capacity building and coalition core elements.

6. Building the capacity of communities and agencies to address tobacco control issues.

7. Mobilization of the community to support educational, policy and enforcement activities.

8. Active promotion of the statewide toll-free numbers for cessation services in several languages. The State's position is that the statewide service is a cost-effective means of providing cessation services. No more than 10% of the budget per year may be allocated to smoking cessation services.

Commissioner Chow expressed concern that only two groups are being targeted within this 3-year plan.

Commissioner Barnes agreed that the Plan should not be locked into serving only two groups during this 3-year time period.

Dr. Meredith stated that the Department would negotiate with the State to have the Plan include a needs assessment to determine target groups with the highest needs for smoking cessation programs.

Action Taken: The Commission (Monfredini, Chow, Hill, Parker) adopted Resolution #16-98, "Supporting the Department of Public Health's FY 1998-2001 Comprehensive Tobacco Control Plan and Budget," (Attachment E). Commissioner Barnes voted no.

Action Taken: The Commission unanimously voted to reconsider the previous motion.

Action Taken: The Commission unanimously adopted Resolution #16-98, "Supporting the Department of Public Health's FY 1998-2001 Comprehensive Tobacco Control Plan and Budget," (Attachment E), with the understanding that the Department will negotiate with the State to have the Plan include a needs assessment to determine the target groups with the highest needs for smoking cessation programs.

B. PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE PROPOSED MANGINI SETTLEMENT-FUNDED TOBACCO PREVENTION PLAN

Ms. Hrushow presented the plan and budget for expending the $1.5 million Mangini settlement funds for tobacco prevention. These funds are designated for purposes of preventing youth from smoking. The three components of the program will consist of media, enforcement, and community-based interventions. For a copy of the plan, contact the Commission Office (554-2666).

The timeline for the plan will be:

Phase I: April-August 1998. Release funds for personnel and operating costs as well as the enforcement component. Implementation of the media, evaluation and community based interventions cannot proceed without the staff and operating costs. The enforcement component will be implemented by the Departments of Weights and Measures and Police, as described below. Funding will be made available through work orders from the Department.

Phase II: May-September 1998. Develop RFP's for the media and evaluation services and select contractors through the competitive process. Release funds placed on reserve for media and evaluation after contractors have been selected.

Phase III: August-December 1998. Develop RFP for community based interventions and select contractors through competitive bid process. Request release of funds placed on reserve for this component after contractors are selected.

Commissioner Parker expressed his concern on the evaluation component.

Commissioner Chow encouraged staff to look at ads already developed for youth.

Action Taken: The Commission unanimously adopted Resolution #17-98, "Approving the Plan for Expending Mangini Settlement Funds for Tobacco Prevention," (Attachment F).

8) CONSIDERATION OF A RESOLUTION DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO DEVELOP A PLAN IN RESPONSE TO PHYSICAL PLANT ISSUES AT LAGUNA HONDA HOSPITAL

Tony Wagner, Interim Executive Administrator of the Community Health Network, presented the background and history of the physical plant issues at Laguna Honda Hospital, (Attachment G).

Commissioners' Comments:

- The Commission and Department need to respond to the physical plant issues.
- As a quality of life issue, the City needs to view Laguna Honda Hospital as a first priority.
- In the development of a plan, the Department needs to consider other options in addition to a general obligation bond.
- If a proposed bond is to pass, there needs to be a high level of commitment to convince the voters on the importance of this health issue.
- The waiver being in jeopardy forces corrections to be made at Laguna Honda Hospital. It is time to stop making excuses and delaying addressing the physical plant issues.

Dr. Katz reiterated the need to develop a creative plan and convince the tax payers to support the plan.

Public Speaker: Howard Wallace, Local 250 , supported the development of a plan.

Action Taken: The Commission unanimously adopted Resolution #18-98, "Directing the Department of Public Health to Respond to the Physical Plant Issues at Laguna Honda Hospital," (Attachment H).

9) OTHER BUSINESS/PUBLIC COMMENTS

Dale Butler, Local 790, announced a press conference for Wednesday, April 15, 1998 on safety devices for healthcare workers.

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (8)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-98

ENDORSING THE DESIGNATION OF MAY 6-12, 1998 AS NURSES' WEEK IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, National Nurses' Week celebrates the nursing profession across the United States; and,

WHEREAS, nursing professionals protect, promote and preserve the health and well-being of the citizens of San Francisco; and,

WHEREAS, nurses provide essential health care services across the entire health care continuum; and,

WHEREAS, in partnership with other care providers, family members, and with the community, nurses strive to ensure the highest quality of care; and,

WHEREAS, the Department of Public Health supports the commitment of nursing to engage clients as partners in care; and,

WHEREAS, the Health Commission supports the work of the nursing profession to accommodate the diverse needs of the citizens of San Francisco; and,

WHEREAS, it is both fitting and appropriate to recognize members of the nursing profession and to convey our appreciation for their commitment and caring; now, therefore, be it

RESOLVED that the Health Commission does hereby urge the Mayor and the Board of Supervisors to designate May 6-12, 1998 as Nurses Week in San Francisco; and, be it

FURTHER RESOLVED that the Health Commission supports community and departmental partnerships to provide care to all who need it.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

BACKGROUND SUMMARY

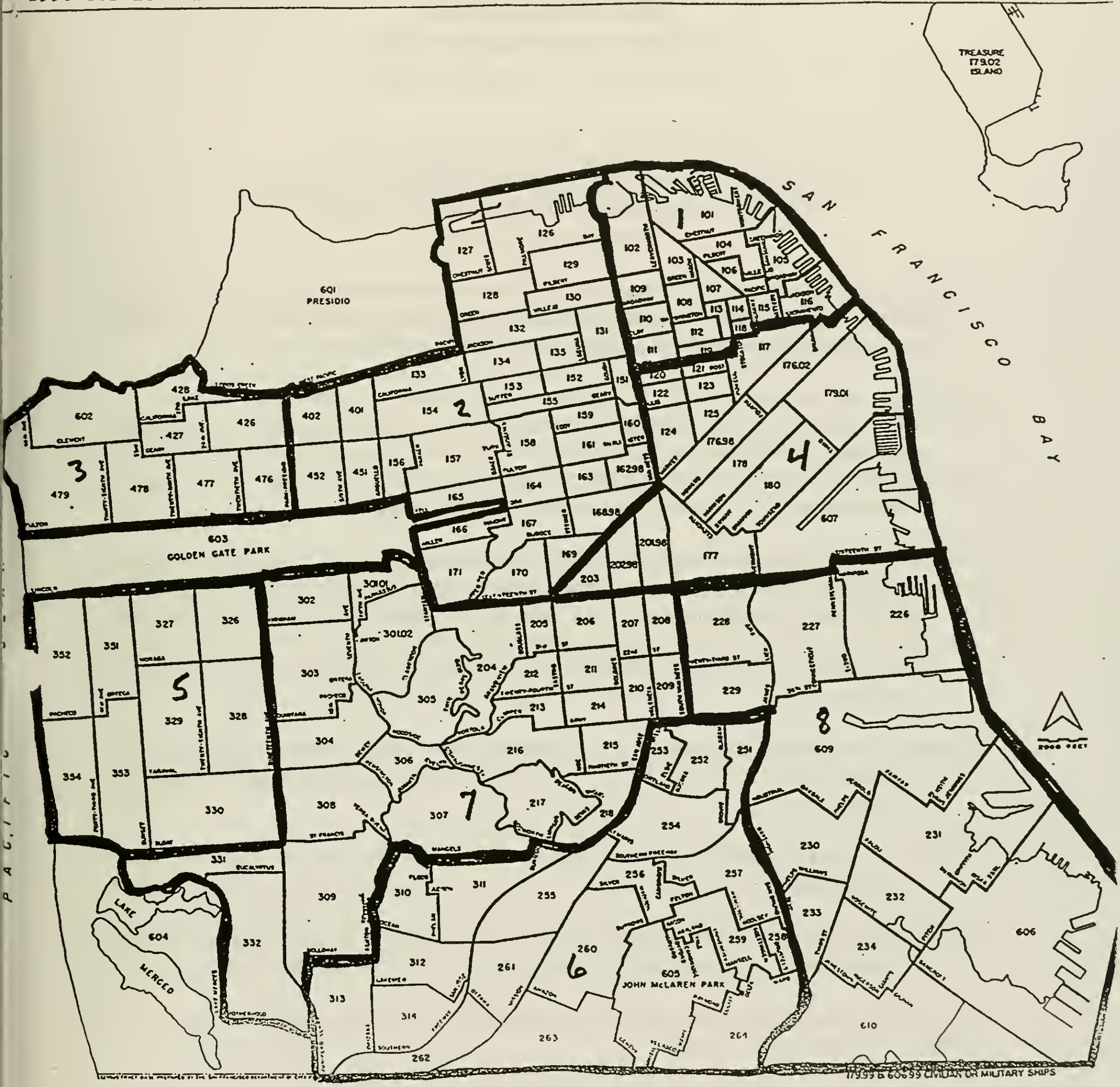
The ADHC County Plan was last amended in 1994. The first County Plan was written in 1982 and has not been updated since that time. The Planning Council is revising the County Plan in response to demographic changes within the population of ADHC current and potential clients. As the Health Commission is aware, ADHC is part of a continuum of long-term care services designed to keep elderly and younger, disabled adults in home and community based settings. Based on 1990 census data an estimated 1,600 to 8,000 San Francisco residents may be likely candidates for ADHC services. Currently, approximately 900 residents are enrolled in eight ADHC programs.

The Planning Council revised the County Plan and the service area boundary map which specifies the geographic area to be served by providers. The revisions to the County Plan will fulfill the State-mandated requirement to update the information in the County Plan and to change the service area boundaries as needed. Also, the revisions will move the Planning Council closer to its goal of having an ADHC center in each service area. The revised County Plan designates a provider for a previously undesignated area and allows a potential new provider to serve a newly created undesignated area. The major changes include the following:

- Service Area #4 was expanded to include some territory west of Van Ness Avenue which was part of former Service Area #5;
- A new Service Area #5 was created which is part of former Service Area #7;
- Service Area #6 was expanded to include some territory south of Cesar Chavez (Army) which was part of former Service Area #5;
- Service Area #7 was moved to include part of former Service Area #5; and
- Service Area #8 was expanded to include territory east of South Van Ness Avenue which was part of former Service Area #5.

In accordance with State guidelines, the revised County Plan will be presented to the Board of Supervisors for consideration and approval before submission to the State Department of Aging.

San Francisco Adult Day Health Care Planning Council
1998 Service Area Boundaries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179.99 & 606.99 CIVILIAN OR MILITARY SHIPS

1990 CENSUS TRACTS

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-98

AUTHORIZING APPROVAL OF REVISION OF THE SAN FRANCISCO ADULT DAY HEALTH CARE COUNTY PLAN

WHEREAS, the State statutes and regulations require Counties to amend the Adult Day Health Care County Plan whenever service area boundaries need to be changed as recommended and approved by the local Adult Day Health Care Planning Council; and,

WHEREAS, the local Adult Day Health Care Planning Council is appointed by the County Board of Supervisors and approved by the Department of Aging to plan for organized day programs of therapeutic, social and health activities and services provided to the elderly and persons with functional impairments either physical or mental, for the purpose of restoring or maintaining optimal capacity for self care; and,

WHEREAS, the San Francisco Adult Day Health Care County Plan was revised to: a) update all State-required demographic data; b) allow multiple providers in a single service area, if there is a demonstrated need; and, c) expand Service Area #4, develop new Service Area #5 which was part of former Service Area #7, expand Service Area #6, move Service Area #7 to include part of former Service Area #5, and expand Service Area #8; and,

WHEREAS, these revisions were made in accordance with State mandated processes and formalized by the Adult Day Health Care Planning Council on March 11, 1998, now, therefore, be it

RESOLVED, that the Health Commission supports the revised San Francisco Adult Day Health Care County Plan, and, be it

FURTHER RESOLVED, that the Health Commission recommends these revisions to the Board of Supervisors for approval and submission to the State Department of Aging.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-98

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S FY 1998-2001 COMPREHENSIVE TOBACCO CONTROL PLAN AND BUDGET

WHEREAS, the City and County of San Francisco has been allocated $2,377,000 by the State Department of Health Services for FY 1998-2001 for tobacco control based on Proposition 99's Tobacco Tax Surtax Funding; and,

WHEREAS, tobacco is the leading cause of preventable death; and,

WHEREAS, the State Department of Health has issued guidelines and set three priority areas to address tobacco's impact on the public health; and,

WHEREAS, a 1998-2001 Comprehensive Tobacco Control Plan and Budget has been prepared by the Department of Public Health in accordance with State guidelines; now, therefore, be it

RESOLVED, that the Health Commission supports the Department's fiscal year 1998-2001 Comprehensive Tobacco Control Plan and Budget.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment E
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-98

APPROVING THE PLAN FOR EXPENDING THE MANGINI SETTLEMENT FUNDS FOR TOBACCO PREVENTION

WHEREAS, the City and County of San Francisco has received $1.5 million in the Mangini lawsuit settlement which led to the banishment of Joe Camel from California, and forced R.J. Reynolds to release previously secret documents that attest to that company's strategies to addict children to cigarettes; and,

WHEREAS, the settlement funds are to be spent on efforts to prevent youth from smoking; and,

WHEREAS, prevention efforts are to fund media, education and enforcement interventions; and,

WHEREAS, a plan and budget have been developed utilizing these three interventions, which will complement the Proposition 99-funded Comprehensive Tobacco Control Plan; now, therefore, be it

RESOLVED, that the Health Commission approves the plan for expending the Mangini settlement funds for tobacco prevention.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment F
Page 1 of 1

Laguna Honda Hospital Physical Plant Issues

Introduction

Laguna Honda Hospital has served the San Francisco community for 132 years. It is the largest single-site, publicly run, long-term care facility in the United States. It provides high-quality, long-term and acute care services to 1200 residents of San Francisco. It comprises 38% of all licensed skilled nursing facility beds in our county.

Laguna Honda is a well-respected institution. It enjoys the support of medical and nursing professionals throughout San Francisco. Over 500 volunteers give their time and energy to Laguna Honda Hospital. There are active resident and family member councils. While the Department believes that the care offered at Laguna Honda is of the highest quality, Laguna Honda faces very serious challenges to its future due to its physical plant.

The existing resident care buildings at Laguna Honda Hospital are at the end of their useful service life. Clarendon Hall was constructed in 1909 and the main building was constructed during the period of 1926-1942. The existing resident care buildings do not comply with contemporary hospital construction and seismic safety standards. Simply maintaining the building at a safe level for our residents requires that we continue to invest a significant amount of funds in a structure that is disintegrating.

Of greatest seriousness, the open wards at Laguna Honda Hospital with 30 residents each do not meet the requirements of the Healthcare Financing Administration (HCFA). HCFA rules require that there be no more than 4 residents per room. Because we are not in compliance of this requirement, we have requested and received a waiver from these regulations for approximately 15 years. In the absence of this waiver, we would not have the necessary revenue to keep Laguna Honda Hospital open.

The waivers we have been granted in past years are for a one-year period of time only and are revocable at any time. We believe that it is quite likely that we will not be able to continue to receive this waiver. Laguna Honda had a recent annual survey from the Licensing and Certification (L & C) Division of the State Department of Health Services, along with representatives from HCFA. While an annual L & C survey is a routine practice of the State, in this year's survey, they reported, in their opinion, the open wards in the main hospital do not provide an adequate environment for the delivery of care and safety of residents. They supported their opinions with examples of the lack of privacy provided to residents as well as the lack of activity, dining, storage and visiting space on the wards. While we have not yet received the final written results of the survey, we believe that the Department must make rapid plans to deal with their findings.

The Department is developing immediate short-term plans of correction to address the concerns of L & C and HCFA to improve the environmental conditions for residents in the existing facility to the best of our ability. Steps that we will take include: providing additional privacy curtains between beds and arranging for improved spaces for activities. While these short term efforts will show the good faith of the Department to L & C and HCFA, a permanent solution to the facility issues must be implemented.

History of Efforts to Improve Physical Plant of Laguna Honda Hospital

Since the City has known for years that at some point it would lose the waivers for the open wards, we have been actively studying and planning for a replacement of the Laguna Honda facility. It has been assumed that General Obligation Bonds would be the most likely source of funds for the project and our planning has assumed this method of financing.

In the early 1990's, Laguna Honda Hospital retained Kaplan, McLaughlin and Diaz to prepare a Facility Master Plan.

I. An Assessment of the Existing Facility which described the condition and code compliance issues for existing patient buildings.

II. An Operational and Space Program. This program assumed that a new building would be built to acute care standards, that it would be constructed on the existing site with 1207 beds plus a 100 bed Residential Care Facility for the Elderly (RFCE) and have some expansion of the continuum of services. The new services would include a ventilator unit, gero-psych unit, and med-psych unit along with the RCFE.

III. A Facility and Site Development Analysis which explored optional approaches and proposed new construction at a cost of $548 million.

These reports were distilled into an April 21, 1992 Bond Program Report recommending the replacement of Laguna Honda Hospital on its existing site at a cost of $548 million. This proposal was deemed too expensive by Dr. Raymond Baxter who was Director of Public Health at the time. Dr. Baxter remanded the report back to staff to apply a value engineering methodology to reduce the cost of the project.

The Bond Program Report was republished in May of 1994 with a modified approach for construction phasing, a compressed construction schedule and revised financial assumptions. This report proposed construction of a new 1207 bed facility at a cost of $486 million in 1995 dollars. This refined proposal to replace Laguna Honda Hospital was presented to the City Planning Commission in the form of an Institutional Master Plan in 1994. The Commission accepted the plan as conforming with planning requirements and with the City Master Plan.

The Bond Program Report was approved by the Health Commission in May of 1994, and advanced to the Board of Supervisors where a policy decision was made not to advance the project at that time due to competing interests for general obligation bond funds.

After review by the Capital Improvement Advisory Committee in early 1994, this trilogy of facility assessment reports and Bond Program Report were described as the most comprehensive, well-documented package ever presented according to former Chief Administrative Officer Rudolph Rothenberg. The data contained in these reports remains accurate and is available for immediate incorporation into a revised Bond Program Report.

The existing Bond Program Report calls for building Laguna Honda Hospital, without displacing existing clients. As the new buildings were built, residents would be moved into these new buildings before the old buildings were destroyed.

Planning Since 1994

Recognizing that a bond measure supporting new construction would not go forward in 1994, the Department has engaged in a long-term care planning process (AB 1040). The Department has reported on the progress of AB 1040 planning to the Commission previously. Essentially, this body of community representatives, service providers, advocates and Department of Public Health staff have been working for over 3 years to determine the long-term care needs of San Francisco.

In this planning several issues have emerged. First, the demographic projections indicate that there is a significant increase in need for long-term care in the future. Second, there is a strong sentiment that persons should receive care in the least restrictive environment. In some cases, residents who are currently in institutional placements such as Laguna Honda Hospital could live in a less restrictive setting, such as a residential care facility or supportive housing, if sufficient supportive services were made available. Unfortunately, providing supportive services is difficult because the Health Department often does not receive sufficient reimbursement to provide care in residential settings, even though this care can be less expensive. This has meant that some people have required being hospitalized at Laguna Honda Hospital even though they likely could thrive in a less institutional setting.

As the Commission is also aware the Health Department was successful in its 1115 waiver concept paper submission to the State. Of the proposals raised in our 1115 waiver concept paper, the State was most enthusiastic about our pursuing a waiver for long-term care. The importance of a waiver in this area is that it may potentially provide a source of reimbursement for non-institutional care. This could allow us to meet the long-term care needs of San Francisco residents with fewer skilled-nursing care beds then would otherwise be required.

However, while non-institutional care is needed, a full continuum of long-term care services requires a range of residential options, from residential settings (housing either owned or rented) to institutional settings such as nursing facilities.

There are several types of patients in San Francisco that will continue to require institutional care in a nursing facility, such as: (1) complex medical-psychiatric patients; (2) patients with substance abuse problems and other disabilities; (3) patients with dementia; (4) patients requiring rehabilitation; (5) patients requiring short-term antibiotics; and (6) younger disabled adults.

Thus, the question remains how large a facility we should build if we are to build a new Laguna Honda Hospital. A smaller facility would require a correspondingly smaller bond measure making passage more likely. If we were to build a small facility and we were to transition clients to a less restrictive environement, it would have implications for our existing labor force. However, it may be possible to minimize any disruption due to a smaller sized Laguna Honda Hospital by remobilizing existing staff to perform other functions, such as home care nursing and home care attendants, for persons receiving long-term care in a community setting.

Conclusion

Given the serious limitations of the physical plant of Laguna Honda Hospital, the Department believes that we should return our attention to developing a proposal for replacing Laguna Honda Hospital. We could make use of the existing bond report by redefining some of the planning assumptions and parameters. These assumptions include the number and type of beds, the construction standards to be used (acute vs. skilled nursing facility) and other program provisions which may affect space and cost.

Because of the possibility that the Department may only be able to maintain the waiver for the open wards for a short time and given the lengthy process required to build a new facility, the Department believes that it is essential that we develop a plan for resolving the physical plant issues at Laguna Honda Hospital immediately. We ask for the Commission's support to go forward with this planning and have attached a resolution to this effect.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 18-98

DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO RESPOND TO THE PHYSICAL PLANT ISSUES AT LAGUNA HONDA HOSPITAL

WHEREAS, Laguna Honda Hospital has served the San Francisco community for 132 years; and,

WHEREAS, Laguna Honda Hospital currently provides high quality, long-term, and acute care services to 1,200 residents of San Francisco; and,

WHEREAS, Laguna Honda Hospital comprises one-third of all the licensed skilled nursing facility beds in San Francisco, and the demographic projections indicate a significant increase in the need for these services in the future; and,

WHEREAS, the existing resident care buildings at Laguna Honda Hospital are at the end of their useful service life, since Clarendon Hall was constructed in 1909, and the Main Building constructed from 1926-1942; and,

WHEREAS, the normal maintenance and repair expenses for these buildings continues to increase, along with the needs for a new roof for the Main Building and a new fire safety system for the entire Campus; and,

WHEREAS, the existing resident care buildings do not comply with contemporary hospital construction and seismic safety standards; and,

WHEREAS, the open wards with 30 residents each and the small semi-private rooms in the Main Building do not meet the Healthcare Financing Administration (HCFA) space requirements for reimbursement, and that this condition has required the Hospital to request and receive a waiver from those regulations in order to continue receiving Medicaid funds to operate; and,

WHEREAS, the HCFA waivers which have been granted in the past years are for a one-year term only and are revocable at any time; and,

WHEREAS, during the Hospital's 1998 annual certification survey, the California Department of Health Services Licensing and Certification representatives announced their preliminary intention of recommending that the waivers not be granted in the future; and,

WHEREAS, unless the physical plant issues at Laguna Honda Hospital are satisfactorily addressed, its mission and continued reimbursement for resident care will be in jeopardy; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-98 (Cont'd.)

RESOLVED, that the San Francisco Health Commission directs the Department of Public Health to develop a plan to respond to the physical plant issues at Laguna Honda Hospital in a timely manner.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

21/98

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
APR 20 1998
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April 21, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING APRIL 7, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-CMHS -** Request to approve a resolution authorizing the extension of Mental Health, Substance Abuse, Public Health and AIDS-related contracts expiring on June 30, 1998 for six months until the renewal contracts, effective July 1, 1998, can be negotiated, developed, processed and certified.

(3.2) **PH-CHS-CMHS -** Request for retroactive approval of new contract with the Regents of the University of California San Francisco (UCSF) Langley Porter Hospital and Clinics for mental health outpatient services in the amount of $20,000 for the period of April 1, 1998 through June 30, 1998; and $100,000 for the period of July 1, 1998 through June 30, 1999 to provide outpatient services to San Francisco Mental Health Plan enrollees under a managed care program. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.3) **PH-CHS-CMHS** - Request of approval of new contract with Westside Community Mental Health Center, Inc. for the provision of Mental Health and Substance Abuse Services for the CalWorks Program in the amount of $362,833 for the period of May 1, 1998 through June 30, 1999.

(3.4) **PH-CHS-AIDS Office** - Request for approval of retroactive renewal contract with the Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $62,620, for the provision of the Repeat Anonymous Testers HIV Seroincidence Study, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.5) **PH-CHS-AIDS Office** - Request for approval of retroactive renewal contract with the Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $93,692, for the provision of HIV counseling, testing, referral and partner notification (CTRPN) provider training, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.6) **PH-CHS-AIDS Office** - Request for approval of retroactive renewal contract with GAPA Community HIV Project, in the amount of $450,511, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with GAPA for services totaling $425,744 in FY 1996-97).

(3.7) **CHN-Primary Care** - Request for retroactive approval of sole source and renewal contract with North of Market Senior Services (NOMSS), in the amount of $188,378, for the provision of primary care, outreach, drop-in and outpatient substance abuse services to seniors in the Tenderloin, South of Market and Potrero Hill areas, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with NOMSS for services totaling $419,145 during FY 1996-97).

(3.8) **CHN-Planning & Marketing** - Request for approval of renewal contract with Barnes Clarke Inc., in the amount of $300,000, to provide CHN strategic marketing services, for the period of May 1, 1998 through April 30, 1999. (DPH contracted with Barnes Clarke for services totaling $496,900 during FY 1996-97).

(3.9) **CHN-Information Systems** - Request for approval of new contract and sole source with Peter B. Harrison, M.D., in the amount of $90,000, for medical information system consulting services for the Community Health Network for the period of May 1, 1998 through June 30, 1999.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

5) **PRESENTATION OF AN EIGHT-MONTH REPORT FOR THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1997-98**

6) **CONSIDERATION OF A RESOLUTION REGARDING THE MISSION ROCK SHELTER PROGRAM**

7) **UPDATE ON TREATMENT ON DEMAND**

8) CONSIDERATION OF A RESOLUTION TO DEVELOP A NEW AMBULATORY CARE CENTER OF THE COMMUNITY HEALTH NETWORK AT SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

9) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

21/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 21, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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APR 30 1998
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:00 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D. Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 7, 1998

Action Taken: The Commission unanimously adopted the minutes of April 7, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-CMHS** - Request to approve a resolution authorizing the extension of Mental Health, Substance Abuse, Public Health and AIDS-related contracts expiring on June 30, 1998 for six months until the renewal contracts, effective July 1, 1998, can be negotiated, developed, processed and certified.

Commissioner Barnes encouraged contractors who are out of compliance on the Board diversity policy to address this issue prior to the Commission's consideration of their contracts.

Commissioner Sanchez abstained on the UCSF contracts due to conflict of interest.

(3.2) **PH-CHS-CMHS -** Request for retroactive approval of new contract with the Regents of the University of California San Francisco (UCSF) Langley Porter Hospital and Clinics for mental health outpatient services in the amount of $20,000 for the period of April 1, 1998 through June 30, 1998; and $100,000 for the period of July 1, 1998 through June 30, 1999 to provide outpatient services to San Francisco Mental Health Plan enrollees under a managed care program. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.3) **PH-CHS-CMHS -** Request of approval of new contract with Westside Community Mental Health Center, Inc. for the provision of Mental Health and Substance Abuse Services for the CalWorks Program in the amount of $362,833 for the period of May 1, 1998 through June 30, 1999.

Commissioner Barnes requested the outcomes for this contract.

(3.4) **PH-CHS-AIDS Office -** Request for approval of retroactive renewal contract with the Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $62,620, for the provision of the Repeat Anonymous Testers HIV Seroincidence Study, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.5) **PH-CHS-AIDS Office -** Request for approval of retroactive renewal contract with the Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $93,692, for the provision of HIV counseling, testing, referral and partner notification (CTRPN) provider training, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.6) **PH-CHS-AIDS Office -** Request for approval of retroactive renewal contract with GAPA Community HIV Project, in the amount of $450,511, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with GAPA for services totaling $425,744 in FY 1996-97).

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The Department will expedite the processing for the retroactive payments to the contractor.

(3.8) **CHN-Planning & Marketing -** Request for approval of renewal contract with Barnes Clarke Inc., in the amount of $300,000, to provide CHN strategic marketing services, for the period of May 1, 1998 through April 30, 1999. (DPH contracted with Barnes Clarke for services totaling $496,900 during FY 1996-97).

(3.9) **CHN-Information Systems -** Request for approval of new contract and sole source with Peter B. Harrison, M.D., in the amount of $90,000, for medical information system consulting services for the Community Health Network for the period of May 1, 1998 through June 30, 1999.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.4, 3.5 and the UCSF contracts of #3.1.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Healthy Families

I am very pleased to report that the San Francisco Health Plan (SFHP) has been selected as the Community Provider Plan in San Francisco. As such, they will be able to offer discounted premiums to families who enroll their children in their health plan. The Community Health Network has a contract with the SFHP to provide services to Healthy Families enrollees.

The other health plans that will be available to families in San Francisco are Blue Cross, Blue Shield, Health Net and Kaiser. Under Healthy Families, parents/guardians will choose from combinations of health, dental and vision plans. The two dental plans offered in San Francisco will be Denticare and Delta Dental. The vision plan is Vision Services Plan (VSP); this is the only vision plan available in Healthy Families statewide. The San Francisco Health Plan is paired with both dental plans. The member premium for enrolling with the San Francisco Health Plan will be:

	100% - 150% FPL		*150% - 200% FPL*		
	One Child	Two or More	One Child	Two Children	Three or More
SFHP, Denticare, VSP	$4	$8	$6	$12	$18
SFHP, Delta Dental, VSP	$5	$10	$7	$14	$21

For all other combinations of health, dental and vision plans, monthly premiums start at $7 and go to $27, depending upon household income and the number of children enrolled.

I would like to acknowledge the tremendous work of the San Francisco Health Plan in securing the Community Provider Plan designation.

Kellogg Grant

I am sorry to report that the Health Department received word on April 17 that we were not chosen to submit a proposal for the final round of the Kellogg Foundation Grant. In making it to the second stage of site visit, the Health Department had successfully made the first cut. The site visit went well and I am grateful to all those, including the President and Vice President of the Commission, who made themselves available for the site visit.

PUBLIC HEALTH

Needle Exchange

On April 20, Health and Human Services Secretary, Donna E. Shalala, announced that based on her review of extensive scientific research, needle exchange programs are an effective form of HIV

Secretary concurs with the determination that was made by our Health Commission, Board of Supervisors and Mayor almost five years ago, we were dismayed that she did not lift the federal funding ban on needle exchange. Her statement thus provides a mixed message to local communities. On one hand the Secretary is saying needle exchange works. On the other hand, she's saying that federal dollars cannot be used to support this highly effective form of HIV prevention. As the Commission is aware, our San Francisco program exchanges two million needles a year, as well as providing condom distribution and referral to substance treatment and other treatments. Perhaps the Secretary's statement does represent progress on future funding for needle exchange, but it is unfortunate that many people will die needlessly of HIV because of communities that do not have resources to establish needle exchange programs.

Adverse Drug Effect Article

A recent San Francisco Chronicle article (April 15), "Warning on Deadly Drug Side Effects: Study Says Medications Kill Over 100,000 a Year," reported on an analysis in the current issue of the Journal of the American Medical Association (JAMA) of studies about adverse drug reactions among hospitalized patients. The JAMA article excluded studies of adverse drug reactions due to medication errors; i.e., the study focused only on drugs that were intentionally prescribed and administered. Nonetheless, the number of resulting deaths ranked among the top ten causes of mortality in the nation.

It is important to keep in mind, however, that the analysis included many studies of patients in university teaching hospitals, who might have been sicker than average and, therefore, not necessarily representative of the more than 33 million patients who are admitted to hospitals in the United States each year. The actual burden of mortality ascribable to adverse drug reactions might, therefore, be somewhat less than the estimated 100,000 per year.

An accompanying editorial called for the implementation of better computer-based surveillance systems to assist in preventing such adverse drug reactions. The author of the editorial, David Bates, MD, MSci, of the Harvard Medial School, published his own study of adverse drug reactions in JAMA last year. His study estimated that the cost of preventable adverse drug reactions at Massachusetts General Hospital and Brigham and Women's Hospital in Boston (700 beds) is $2.8 million per year.

Although the benefits of drug therapy clearly outweigh the risks, as demonstrated by randomized controlled studies, more attention needs to be paid to the risk side of the equation. Risk reduction strategies also need to look beyond hospital care.

TB Control Program Featured in National Magazine

Congratulations are in order to L. Masae Kawamura, MD, Director of TB Control Program and her staff for the excellent article appearing in the April issue of *Hippocrates* magazine. "Stopping Tuberculosis" highlights the City's aggressive approach to fighting the spread of TB. The author noted the special challenges that San Francisco faces as a port city with 30,000 immigrants coming though the TB Control clinic each year. Additionally, the article details several case studies showing the extraordinary success of outreach workers administering Direct Observed Therapy (DOT) to patients in the Tenderloin, where TB transmission rates are more than 30 times higher than the national average. In the face of such overwhelming obstacles, San Francisco's TB cases have declined for four years in a row bringing rates to the lowest in history. I hope you will join me in commending Dr. Kawamura and her staff for their notable efforts.

Warning Signs – Bay Fishing

As you may recall, last year DPH Environmental Health staff posted temporary signs along the bay waters warning people of the potential health issues related to Bay fish consumption. The Department had permanent metal signs made, but jurisdiction for posting belongs to the Port and Golden Gate National Recreation Area (GGNRA). Staff have been working in cooperation with GGNRA, State Parks, San Francisco Port Authority, and the City's Recreation and Parks Department, to get the multilingual signs (Spanish, Tagalog, Cantonese, Vietnamese, Thai, and English) installed. Last week the permanent signs were posted along the Bay, at identified sports fishing locations. They are the first signs installed by any jurisdiction in the Bay Area. This signals the ongoing commitment of the Department to promoting good public health and informed consumers. A total of 21 signs have been installed at 11 various locations along the Bay from Fort Point to Candlestick Point. All four (4) of the property owners have been committed to maintaining the existing signs and have been supplied additional copies should replacements or additional postings become necessary.

COMMUNITY HEALTH NETWORK

Regulatory Issues

Laguna Honda Hospital has submitted plans of correction to the State Fire Marshall's Annual Survey and the Acute portion of the annual Licensing and Certification Survey. Findings from both of these surveys were routine with the exception that the State Fire Marshall invoked a life safety code prohibiting more than 30 patients in an open ward. LHH's plans of correction necessitated reducing census on two wards by one bed each.

On April 14, the Hospital received the SNF survey results from Licensing and Certification. This voluminous document is under review by the CHN Executive Committee. The Executive Committee will begin developing short-term correction plans and developing a permanent long-term plan of correction to be submitted to Licensing and Certification. This plan will include consideration of a revised General Obligation Bond Program to fund a new facility for LHH.

Volunteers Annual Luncheon

Over 200 Laguna Honda Hospital volunteers have been invited to attend the Annual Volunteers luncheon to be held in Simon Auditorium tomorrow. Volunteers, Inc., President Jean McClatchy Bricker and the Volunteers, Inc. Board acknowledge the invaluable contribution volunteers make to LHH residents throughout the year during this annual celebration.

The SFGH Volunteers will hold their annual Volunteer Recognition Luncheon on Saturday, April 25, 1998, the last day of National Volunteer Week. The luncheon is the way we thank our more than 800 volunteers who generously donate their time and talents to projects and programs at the SFGH.

The March statistics and Utilization Report are available in the Commission Office.

5) PRESENTATION OF AN EIGHT-MONTH REPORT FOR THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1997-98

Monique Zmuda, Chief Finance Officer, reported the following:

A surplus of $16.2 million is projected for FY 19977-98 based on actual expenditures and estimated revenues for the first eight months of the fiscal year ending February 28, 1998. This projected surplus includes $8.8 million in one-time FQHC revenue that is anticipated this fiscal year and will be carried forward to FY 1998-99 to fund one-time equipment and facilities maintenance expense. One-time equipment and facilities maintenance expense funded by FQHC revenues was included in the FY 1998-99 budget that was approved by the Health Commission. This projected surplus also includes $6.8 million in Medi-Cal SB 855 Disproportionate Share revenue that will be accrued this fiscal year but received next fiscal year.

Excluding the FQHC revenue of $8.8 million and the SB 855 revenue of $6.8 million, the net surplus is $0.6 million. This projected net surplus of $0.6 million is a $8.6 million decrease from the second quarter projection of $9.2 million. This decrease is primarily due to: 1) revised estimates of State Realignment revenue provided by the City's Controller that indicate a $4.4 million reduction to projected realignment revenue this fiscal year; and 2) revised revenue estimates for Mental Health the Community Health Network.

The table (Attachment A) shows projected fiscal year revenues and expenditures by Division.

Commissioner Sanchez thanked Ms. Zmuda for a comprehensive report. He reminded the Commission to revisit the revenues and expenditures from a budget perspective and service (quality assurance) perspective.

Commissioner Guy pointed out that we are starting to see how the safety net changes affect the Department's budget. She emphasized the need for policy to be reflected in the budget. She encouraged discussion and dialogue.

Commissioner Barnes noted the challenges for next year's budget.

6) CONSIDERATION OF A RESOLUTION REGARDING THE MISSION ROCK SHELTER PROGRAM

Dr. Mitch Katz, Director of Health, provided statistical analysis and data at the Mission Rock Shelter. He gave the following update on the Mission Rock Shelter:

The Mission Rock Shelter contains separate areas for men, women and transgenders. Chemical Awareness and Treatment Services (CATS) was awarded the contract to operate the shelter and serve three meals a day to clients. CATS is providing case management of clients, benefits assistance, substance abuse counseling and information and referrals. The Health Department is furnishing medical support, mental health counseling and janitorial services. DPH provided security services until CATS was able to complete their own contract with TURF to provide 24-hour a day coverage.

Since opening its doors Mission Rock Shelter has averaged a census of 563 people, with a high of 687 and a low of 281. Approximately 16% of the population are women, and 1% transgender.

CATS provides daily and weekly updates to the Department. Included in these updates are a client count, case management referrals, transports, meals served, pet count, staffing, and financing. A Health Status Assessment meeting is held every other Thursday with CATS and all the Departmental staff involved with the project, including Community Substance Abuse Services, Mental Health, TB Control, Environmental Health, and Tom Waddell Clinic.

The Mayor has been very pleased with the success of Mission Rock Shelter and has instructed h is Budget and Homeless Offices to support financing the program as an ongoing shelter. Mayor Brown instructed Bill Lee to locate alternative sites in anticipation of the Mission Rock Shelter demolition in instructed Bill Lee to locate alternative sites in anticipation of the Mission Rock Shelter demolition in April 1999 when the Giants Ball Park is built. Ongoing conversations have ensured between the Mayor's Office, Department of Human Services, the Homeless Coalition advocates, and the Health Department to develop a forward looking homeless shelter plan encompassing the goals set forth by the Mayor.

DPH believes a very real need exists for these 600 plus shelter beds. At the same time we realize that shelter alone is not the answer to the problems that are encountered by the homeless population. It is the philosophy of the Department and of the City to provide as many opportunities as possible for exits to homelessness. Given this philosophy, staff has been working with CATS in the development of a number of innovative programs to use this shelter as a stepping stone to permanent housing.

CATS has developed a work training program for clients under Case Management (currently 110 individuals) that begins April 23. The program is designed to teach clients work skills, including janitorial, housekeeping and kitchen/culinary duties. The 3-month program will include weekly seminars. At the end of the 3-month course, clients will receive graduation certificates and job referrals. This program will help those clients trying to re-enter the work force. In addition, an MOU between Glide and CATS to provide vocational training is close to being finalized. Needs assessments were conducted for all clients. CATS is evaluating the assessments to determine educational and literacy needs.

In the fiscal year 1998-99 budget that the Commission approved, we included as a high priority a program to provide direct access to housing. We believe that having an emergency shelter will enable the Department to stabilize individuals and help them make the transition to more permanent types of housing.

Based on this information, the Department makes the following recommendations for the Commission's consideration:

- DPH continue to build and refine its internal shelter team using an integrated service delivery approach as the model;
- Enumerate the type of services that DPH will provide through its own and or/contract employees to the shelter population; and
- Work with the Mayor's Office, Department of Human Services, other relevant City Departments and homeless advocates to craft expansion of the shelter program beyond April 1999 using the Continuum of Care Plan as a model.

Commissioners' Comments:

- The shelter program is a shared responsibility with the Department of Human Services, and, therefore, financial commitments should reflect this.
- TB prevention approach is good.
- This is a first step in a major dialogue and action towards a coordinated approach to homelessness.
- Dialogue should include the Departments, the Commissions, the Local Homeless Program Board, businesses, corporations, and the comment.
- There are many more homeless persons not being served.
- The data shows more men are in need. There needs to be a revitalization of services for men.

Action Taken: The Commission unanimously adopted Resolution #19-98, "Supporting Continuing Shelter Operations at Mission Rock and Further Working on the Development of a Shelter Policy Extending Beyond Operation of this Facility to Emphasize Exits from Homelessness, Rather than Warehousing of Individuals," (Attachment B).

7) UPDATE ON TREATMENT ON DEMAND

Barbara Garcia, Director of Community Substance Abuse Services, provided a summary of the process and progress of Treatment on Demand for the past two years. For a copy of the report, contact the Commission Office at 554-2666.

Ms. Garcia reported the following:

The goal of Treatment on Demand is to reduce delays in gaining access to substance abuse care by providing appropriate treatment services to those in need in a prompt manner.

The design of the services represents some of the most innovative approaches in the country. Programs were designed, enhanced or expanded during the first two years with an emphasis on adults, families and underserved populations. There were seven new Request for Proposals (RFP) completed during FY 1997-98, and one (MSM/Methanphetamine Users) that is anticipated for release by May 26, 1998. The RFP work groups was a new process for Community Substance Abuse Services and were reflective of the cultural, gender, orientation and ethnic diversity of San Francisco. The prioritization and enhancement of new Treatment on Demand services was based on available substance abuse data, results from public hearings, and Council members expertise in the field.

Looking towards FY 1998-99 we have several challenges, the standardization of services including waiting list management, the integration of services with Mental Health and Primary Care, and to continue to increase access of substance abuse services to underserved populations.

Ms. Garcia acknowledged the CSAS staff and the 23 members of the Treatment on Demand Planning Council. The Council includes service providers, consumers, community leaders, and representatives of appropriate City Departments. She reported that for FY 1997-98, there are over 2600 service slots funded with $7-1/2 million from CSAS.

The Council believed that all system enhancements should become part of the new Treatment on Demand system. A number of the system enhancements will require the development of new linkages between programs and systems, such as better linkages between treatment and vocational and educational resources. Others will require training, such as alternative to booking on the police officer level for parolees, ex-offenders, youth, and multiple diagnosed people; this enhancement will also require enhanced linkages among services and systems. Others are a matter of adding services or approaches to current programs and system orientation, such as smoking cessation and needs assessment and strategic plan development for youth.

- Community partnerships
- Systemwide linkage with Mental Health
- Hospital medical discharge linkages to substance use services
- Housing support for homeless substance users
- Faith and spiritually-based interventions
- Environmental strategies for all users

- Smoking cessation in all treatment programs
- Medical detoxification non-residential treatment in the Tenderloin and Mission
- Family focused integration into programs for Neighborhood African-American Treatment Programs
- Long-term medical detoxification for lesbians, gays, bisexuals, and transgender
- More accessible and increased availability of needle exchange for lesbians, gays, bisexuals and transgender
- Outpatient treatment for Latino youth
- Better linkages between treatment vocational and educational resources
- Multidisciplinary teams in treatment settings for multiple diagnosed people
- Diversion to treatment and home detention treatment services for parolees/Ex-offenders
- Needs assessment services for hearing and visually impaired people
- Developing collaborative efforts with disability, advocacy and services organizations
- Treatment sites meeting the Americans with Disabilities Act
- Formalized discharge planning from jails and prisons for the incarcerated
- Better links to veterans' system for veterans
- Needs assessment and strategic plan for youth
- Training and education mobile team and programs for sexually traumatized people

Michael Siever, Ph.D., Co-Chair of the Council, gave an overview of the structure and themes of the Council. The Committees include: 1) response teams, 2) membership, 3) accountability, and 4) evaluation of needs. The themes of the Council include cultural competency, a holistic approach to integrating services, development of strategies to engage people into treatment, harm reduction, standards of accountability, training of staff, and the concept of wrap-around services.

President Monfredini thanked Ms. Garcia for a comprehensive report and stated that all of our citizens in the City need to be truly informed about Treatment on Demand.

Commissioner Sanchez supported the direction of the Treatment on Demand concepts being discussed in the wider circle at the Federal level, private foundations, and other cities.

Commissioner Guy stated the community partnership and integration piece are all valuable.

Commissioner Barnes expressed concern about having adequate administrative staffing for the large number of contracts and development of the RFP's.

8) CONSIDERATION OF A RESOLUTION TO DEVELOP A NEW AMBULATORY CARE CENTER OF THE COMMUNITY HEALTH NETWORK AT SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

Anthony Wagner, Interim Executive Administrator of the Community Health Network, reported the following:

As a result of the increased pressures to provide medical care in modern, efficient settings, and coupled with the obsolescence of several buildings at San Francisco General Hospital, it has become necessary to develop new clinical facilities on the Campus. The construction of a new 120,000 square foot structure, housing ambulatory clinics and medical research labs is essential to the continued success of the Community Health Network, and its development will create many long-lasting benefits for health care delivery to the residents of San Francisco.

A version of this project came before the Health Commission in 1993 as the RFD Building, which at the time was intended to respond to a request by the University of California at San Francisco for a research facility in the City. Numerous studies, estimates, and schematic plans were developed in connection with that proposal, and although the University ultimately withdrew the request, the investigations created the foundation for the current proposal.

The present day proposal for the Ambulatory Care and Research Center blends clinical and medical research activities in a four-story structure which will allow relocation and consolidation of various clinics from obsolete quarters to modern, attractive, efficient clinic space. At the same time, the availability of new space will set the stage for renovation or replacement of older facilities at the SFGH Campus.

The investigation and planning to date by the Community Health Network indicates that excellent circumstance exist now for the development of this project, and it is an opportunity that will serve the residents of San Francisco well for years to come.

Commissioner Guy requested the Department to bring back to the Commission the plan for financing this project. She expressed her concern about the role of private financing for a public project and any public policy implications.

Action Taken: The Commission unanimously adopted Resolution #20-98, "Directing the Community Health Network to Develop a New Ambulatory Care and Research Center at San Francisco General Hospital," (Attachment C).

9) OTHER BUSINESS/PUBLIC COMMENTS

President Monfredini acknowledged the National Nurses' Week activities during the week of May 6-12, 1998.

President Monfredini adjourned the meeting at 5:10 p.m. in memory of Pamela Melillo, R.N., B.S.N., a Health Educator at San Francisco General Hospital for 13 years. Ms. Melillo died of breast cancer yesterday.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

Projected FY 1997-98 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
CHN							
SFGH	$ 350,721,018	$ 377,392,432	$ 26,671,414	$ 350,721,018	$ 370,292,159	$ (19,571,141)	$ 7,100,273
Laguna Honda	113,948,449	111,810,699	(2,137,750)	113,948,449	112,426,122	1,522,327	(615,423)
Primary Care	29,848,072	39,996,314	10,148,242	29,848,072	31,576,431	(1,728,359)	8,419,883
Forensics	19,678,230	19,830,230	152,000	19,678,230	19,720,814	(42,584)	109,416
Subtotal	**514,195,769**	**549,029,675**	**34,833,906**	**514,195,769**	**534,015,526**	**(19,819,757)**	**15,014,149**
Public Health							
Central Admin	19,701,619	17,582,319	(2,119,300)	19,701,619	18,984,390	717,229	(1,402,071)
Community Health	46,619,477	46,045,799	(573,678)	46,619,477	44,410,494	2,208,983	1,635,305
Mental Health	142,903,409	135,865,384	(7,038,025)	142,903,409	137,436,879	5,466,530	(1,571,495)
Substance Abuse	40,699,150	43,136,580	2,437,430	40,699,150	40,637,403	61,747	2,499,177
Subtotal	**249,923,655**	**242,630,082**	**(7,293,573)**	**249,923,655**	**241,469,166**	**8,454,489**	**1,160,916**
Total	**764,119,424**	**791,659,757**	**27,540,333**	**764,119,424**	**775,484,692**	**(11,365,268)**	**16,175,065**
Adjustments							
FQHC	0	0	0	0	8,800,000	(8,800,000)	(8,800,000)
SB 855	0	0	0	0	6,800,000	(6,800,000)	(6,800,000)
Subtotal	**0**	**0**	**0**	**0**	**15,600,000**	**(15,600,000)**	**(15,600,000)**
DPH Total	**764,119,424**	**791,659,757**	**27,540,333**	**764,119,424**	**791,084,692**	**(26,965,268)**	**575,065**

Attachment A
Page 1 of 1

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-98

SUPPORTING THE CONTINUING SHELTER OPERATIONS AT MISSION ROCK, AND FURTHER WORKING ON THE DEVELOPMENT OF A SHELTER POLICY EXTENDING BEYOND OPERATION OF THIS FACILITY TO EMPHASIZE EXITS FROM HOMELESSNESS, RATHER THAN WAREHOUSING OF INDIVIDUALS

WHEREAS, the winter storms created an emergency situation causing many people to lose their homes; and,

WHEREAS, the impact on the homeless population was devastating, with many individuals seeking shelter who do not normally use City shelters; and,

WHEREAS, the Mayor directed the Office of Emergency Services to declare an emergency situation and open up shelters; and,

WHEREAS, the Board of Supervisors concurred with the Mayor's recommendation; and,

WHEREAS, the Health Department provided medical care, TB screening and mental health and substance abuse counseling at the shelters; and,

WHEREAS, the Department of Public Health contracted with Chemical Awareness and Treatment Services (C.A.T.S.) to manage operations at the emergency continuation shelter at Mission Rock; and,

WHEREAS, the Mission Rock Shelter has been a huge success, housing about 650 individuals a day, and providing counseling, intervention and referrals to those in need; and,

WHEREAS, the ongoing shelters in the City continue to operate at full capacity and the City's clinics and hospitals continue high utilization; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission endorses the Department's role in the Mission Rock Shelter; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the Department's continuing the contracting with Chemical Awareness and Treatment Services to manage the shelter; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission approves of the Department's leadership in providing this vulnerable population with access to appropriate health care and services; and, be it

FURTHER RESOLVED, that the Health Commission encourages the Department to work with other City Departments, the Mayors Office and homeless advocates in the development of a shelter strategy for this population currently housed at Mission Rock to ensure a continuation of services beyond next April when the site is demolished, with a strong emphasis on creating exits from homelessness.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 21, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-98

DIRECTING THE COMMUNITY HEALTH NETWORK TO DEVELOP A NEW AMBULATORY CARE AND RESEARCH CENTER AT SAN FRANCISCO GENERAL HOSPITAL

WHEREAS, San Francisco General Hospital, as one of the nation's leading public hospitals, has continuously provided for over one hundred years a wide range of ambulatory and acute care services to generations of San Francisco residents; and,

WHEREAS, San Francisco General Hospital has received national and international recognition for excellence in services, such as AIDS care, primary care, specialty care, women and children's services, psychiatric services, trauma, clinical research and teaching; and,

WHEREAS, San Francisco General Hospital, through its long-standing affiliation with the University of California at San Francisco, has been the nucleus for medical research in the areas of AIDS/HIV, lung biology, infectious diseases, neurology, and other healthcare concerns vital to the citizens of San Francisco; and,

WHEREAS, the highly regarded medical staff of San Francisco General Hospital provides an essential service through direct clinical care and through related medical research of diseases affecting the residents of San Francisco; and,

WHEREAS, San Francisco General Hospital provides significant services for the Community Health Network, a citywide network of facilities created to provide healthcare services spanning a continuum of care; and,

WHEREAS, many of San Francisco General Hospital's core ambulatory care clinics are housed in out-of-date buildings that are unappealing to consumers and inefficient for providers; and,

WHEREAS, medical research by San Francisco General Hospital providers occurs in similarly deficient buildings; and,

WHEREAS, those same buildings at San Francisco General Hospital have limited resistance to seismic events, which underscores the obsolescence of these structures over the long-term, and which if not addressed, will seriously impede the ability of the Community Health Network to provide medical care and support vital research; and,

WHEREAS, the challenge of keeping the Community Health Network at the forefront of quality medical care in the City requires the creation of a new Ambulatory Care and Research Center on the San Francisco General Hospital Campus; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-98 (Cont'd.)

WHEREAS, the Community Health Network has determined that the new facility, consisting of 120,000 square feet in new clinic and research spaces, will enable the migration of clinics from obsolete quarters to a modern facility, and allow a much-needed decompression of existing clinics elsewhere on the Campus; and,

WHEREAS, the development of such a facility will allow the creation of a new basic science research laboratory, whose work will focus on illnesses resurging in frequency in the local patient population; and,

WHEREAS, the Community Health Network is in the fortunate position of having a variety of prior analyses, approvals and programmatic requirements for the proposed project that will enable the Network to move quickly towards the development of the Ambulatory Care and Research Center; and,

WHEREAS, the multiple benefits and opportunities created by the development of the Ambulatory Care and Research Center are crucial for the success of the Community Health Network, now, therefore, be it

RESOLVED, that the San Francisco Health Commission directs the Community Health Network to proceed apace with all investigations, preliminary designs, and cost estimates in support of the development of a new Ambulatory Care and Research Center at San Francisco General Hospital.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 21, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

10

/5/98

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AGENDA

HEALTH COMMISSION MEETING

May 5, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING APRIL 21, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHS-CMHS** - Request to authorize Community Mental Health Services to enter retroactively into a cooperative program agreement with the Department of Rehabilitation San Francisco District, including a required match of $160,000, to provide vocational services to mentally-ill psychiatric clients for the period of July 1, 1998 through June 30, 1999.

(3.2) **PH-CHP&P** - Request for approval of the following six contract renewals, in the amount of $917,023, for comprehensive tobacco control services, (which includes three sole source contracts with the Polaris, S.F. Study Center, and O'Rorke) all for the period of July 1, 1998 through June 30, 1999. These services and amounts have been reviewed and approved by the local Tobacco Free Coalition and have been approved by the State in their FY 1998-2001 Comprehensive Tobacco Control Plan for San Francisco.

Agency	Amount
Chinese Progressive Association	$ 45,000
American Lung Association of San Francisco and San Mateo Counties	$ 45,000
Polaris Research and Development	$ 36,900
S.F. Study Center	$587,765
O'Rorke Public Relations and Advertising	$ 91,987
Polaris Research and Development	$110,371

(3.3) **PH-CMHS -** Request for approval of renewal contract with Alameda County Health Care Service Agency in the amount of $332,628 to provide neuro-behavioral care through the regional Organic Brain Syndrome (OBS) Program, and treatment for adolescents through the S.T.A.R.S. program for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Alameda County for services totaling $237,615 during FY 1996-97).

(3.4) **PH-CHS-CHP&P-AIDS Office** - Request for approval for three sole sources and contract approval with three agencies: 1) Black Coalition on AIDS, (DPH contracted with BCOA for services totaling $450,460 during FY 1996-97); 2) Mobilization Against AIDS, (DPH did not contract with MAA during FY 1996-97); and 3) Native American Health Center, (DPH did not contract with NAHC during FY 1996-97), as follows:

Contractor and Service	Period	Amount
Black Coalition on AIDS, for treatment advocacy, emotional support and HIV prevention services (New Village)	Contract: April 1, 1998 through June 30, 1998	$ 91,268
	Sole Source: July 1, 1998 through June 30, 2002	$224,821 per year
Mobilization Against AIDS, for treatment advocacy and HIV prevention services (Proyecto Contra SIDA Por Vida)	Contract: April 1, 1998 through June 30, 1998	$ 80,341
	Sole Source: July 1, 1998 through June 30, 2002	$190,737 per year
Native American Health Center, for case management, emotional and practical support, treatment advocacy, mental health, and HIV prevention services (Native American AIDS Project)	Contract: April 1, 1998 through June 30, 1998	$120,352
	Sole Source: July 1, 1998 through June 30, 2002	$384,978 per year

(3.5) **PH-CHS-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $136,015, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAITC for services totaling $145,172 during FY 1996-97).

(3.6) **PH-CHS-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with Polaris Research and Development, Inc., in the amount of $239,923, to provide logistical and technical support to the HIV Prevention Planning Council for the continued development of a strategic HIV prevention plan, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with Polaris for services totaling $781,093 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Department). (Mitchell H. Katz, M.D., Director of Health)

5) **PRESENTATION OF THE CITYWIDE DIVERSION REPORT**

6) **TIME SPECIFIC: 4:00 P.M.**

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES IN THE COMMUNITY FROM DAVIES MEDICAL CENTER:

DAVIES MEDICAL CENTER (DMC) HAS SIGNED A LETTER OF INTENT WITH CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) AND SUTTER HEALTH FOR THE ACQUISITION OF DAVIES MEDICAL CENTER BY CALIFORNIA PACIFIC MEDICAL CENTER

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: HARRIS V. CCSF ET AL, UNITED STATES DISTRICT COURT #C97-3379 CW

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

D. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/5/98

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 5, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:00 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 21, 1998

Action Taken: The Commission unanimously adopted the minutes of April 21, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHS-CMHS** - Request to authorize Community Mental Health Services to enter retroactively into a cooperative program agreement with the Department of Rehabilitation San Francisco District, including a required match of $160,605, to provide vocational services to mentally-ill psychiatric clients for the period of July 1, 1998 through June 30, 1999.

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	Sole Source: July 1, 1998 through June 30, 2002	$384,978 per year

This item was presented to the full Commission.

Commissioner Hill thanked the staff who stayed on to ensure the continuation of services.

Commissioners Sanchez and Barnes thanked the Department staff for their leadership during the transition period with no major disruption of services.

Commissioner Guy acknowledged the transition challenges being handled by the Department staff.

As of April 3, 1998, the National task Force on AIDS Prevention does not receive any funds from the Department.

(3.5) **PH-CHS-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $136,015, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAITC for services totaling $145,172 during FY 1996-97).

This item was postponed to a future meeting.

(3.6) **PH-CHS-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with Polaris Research and Development, Inc., in the amount of $239,923, to provide logistical and technical support to the HIV Prevention Planning Council for the continued development of a strategic HIV prevention plan, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with Polaris for services totaling $781,093 during FY 1996-97).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, except for #3.5.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Department). (Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

1998 State of the City Public Health Address

Yesterday, I presented the third annual 1998 State of the City Public Health Address to the Board of Supervisors. My presentation featured an overview of the health status of San Francisco residents, identified major public health issues facing San Francisco, and described how the City and the Department of Public Health are responding to these changes.

The address highlighted several key issues including substance abuse treatment slots, mental health managed care, the shelter program at Mission Rock, HIV/AIDS prevention and treatment services, long-term care, the uninsured and Medi-Cal managed care. Board members asked follow-up questions regarding Laguna Honda Hospital facility issues, immunization rates, African-American youth smoking rates, and health issues facing the Asian-American community.

I would like to acknowledge and thank Nyasha Junior of the Policy and Planning Office who compiled the statistical portion of the report.

Procedures for Accepting Documents in Response to a Request for Proposals

It is the policy of the City and County of San Francisco and the Department of Public Health to select vendors for the provision of goods and services through a competitive process. Inherent in such processes is the principle of fairness and equal, unbiased treatment of all potential interested parties. A competitive process also helps to identify additional potential contractors and providers of services.

To avoid having to exclude proposals that may be meritorious, the Department of Public Health is revising its standard procedure. The new procedure states that proposals are due at 12 noon. Proposals received after the noon deadline but before 12:01 the following day will be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Agencies that submit proposals within this grace period must provide a letter explaining the extenuating circumstances by 5 p.m. of the second day. Decisions of the Director of Health to accept or reject the proposal during the grace period will not be appealable. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal.

The Department will implement this new procedure beginning July 1, 1998. The Contract Officers for all Requests for Proposals and similar competitive processes that have been released but for which the due date is after July 1, 1998, will notify all interested parties of the change in procedures, and the bidders' conference minutes will reflect this change. We anticipate that this change will enable a number of proposals to be considered that would otherwise have to be turned away.

PUBLIC HEALTH

Wedge Project

The Asian and Pacific Islander Wellness Center will honor Carol Badran, Coordinator of the Wedge Project, at a May 14 event to be held at the Asian Art Museum of San Francisco in Golden Gate Park. Ms. Badran will be presented the Ally Award. The Wedge Project is in its eleventh year of bringing AIDS education and personal histories of people infected with HIV to high school and middle school students.

Adolescent Health Conference

The Adolescent Health Working Group, convened by the Bureau of Children, Youth and Families, planned and produced the Bay Area's first Adolescent Health Conference in mid-April. The Group's members represent a cross-disciplinary approach to improving the health of our youth and their access to quality health care. Over 325 individuals representing a variety of youth service-related agencies attended the Conference, which provided information, resources and practical skills for working with and for youth. Many attendees expressed their desire for future adolescent health conferences and declared their interest in participating in a Bay Area Adolescent Health Consortium. Congratulations to Janet Shalwitz, MD, and her staff whose efforts produced this successful event.

Immunization Grant

San Francisco childhood immunizations lag behind the Healthy People Year 2000 goal of 90%. Our rates are slightly lower than San Mateo, Alameda and Contra Costa Counties. The rates differ for children of different ethnicity. Only 55% of Latino and 54% of African-American children are up-to-date at 2 years of age. In order to address these inequities, the Department of Public Health has applied for and recently received $200,000 from the State to create a high risk immunization network targeting children at highest risk of under-immunization. This network will involve public and private health care providers, WIC and health plans to work together collaboratively and share information in order to reach and retain these children. This network will be focused on children and families seen in the Southeast Sector and the Tenderloin District. In addition, the Department is in the final stages of an in-depth door-to-door population based study covering the Mission Neighborhood trying to find out the reasons for lower immunization rates and how best to reach parents and children.

COMMUNITY HEALTH NETWORK

CHN Administrative Appointments

I am pleased to announce effective immediately, the permanent appointment of Anthony Wagner as Executive Administrator of the Community Health Network. Mr. Wagner was appointed Deputy Administrator of the Network in 1996 and had been serving as its Interim Executive Administrator since February of this year.

It also pleases me to announce that Mr. Wagner has made two major appointments for the CHN. Gene O'Connell has been appointed the Administrator of San Francisco General Hospital, and Larry Funk Administrator of Laguna Honda Hospital and Rehabilitation Center.

These three administrators have been outstanding in their performance during their interim periods. I know the Commission joins me in congratulating the new CHN management team and wishing them success in their new and challenging endeavors.

Appointment of CHN Continuum Medical Directors

Melissa Welch, MD, the CHN Chief Medical Officer, announced the appointments of three CHN Continuum Medical Directors. These appointments are effective May 1, 1998 and include the appointments of David Ofman, MD, CHN Medical Director of Primary Care; Joe Goldenson, MD, CHN Medical Director of Forensic Services and Chief of Forensic Services; and John Luce, MD, CHN Medical Director of Quality and Utilization Management and Medical Director for Managed Care

As CHN Continuum Medical Directors, each will work in a paired, administrative leadership model, and report to Dr. Welch and Gene O'Connell, CHN Director of Patient Care Services.

National Association of Public Hospital (NAPH) Awards

Dr. Robert Okin, Chief of Psychiatry at SFGH, has been awarded the 1998 NAPH Jim Wright Vulnerable Populations Award. This annual award honors the memory of Jim Wright and his efforts to serve the many vulnerable populations who come to our nation's safety net institutions. The CHN/SFGH "Emergency Department Case Management Program," which was submitted to NAPH as the CHN nomination for this award, was selected from a total of 49 entries submitted nationwide.

I am also pleased to announce that Dr. Beth Kaplan from SFGH Emergency Services and her team received an honorable mention in the category of Healthy Communities for the second CHN nomination "Improving the Health Care Response to Domestic Violence." This award is an important recognition of their efforts in pioneering a model response for health care workers in domestic violence recognition and intervention.

Join the CHN in congratulating Dr. Okin, Dr. Kaplan and their teams for the NAPH awards as recognition of their outstanding achievements.

Development of a Revised LHH Bond Program

Staff from the Community Health Network have reviewed the complexities and issues involved in the revision of the Laguna Honda Hospital Bond Program and the very short lead time available to make the November 1998 ballot. Staff has consulted with the Department of Public Works representatives and our architects as part of the review. Based upon that review, we believe that in order to produce a high-quality plan that considers a broader spectrum of service modalities for senior healthcare services and long term care that additional planning time is necessary. Therefore, the LHH Bond will be placed on the ballot in November 1999 instead of November of this year.

LHH Hospice Receives Honor
The Board of Supervisors has awarded a Certificate of Honor to the Laguna Honda Hospice and Palliative Care Service Unit. This award was sponsored by Supervisor Jose Medina whose father recently passed away after months of receiving high-quality care from the staff of the Hospice Unit. The award is yet another indicator of the quality of care provided at Laguna Honda in a variety of program areas.

National Hospital Week
Laguna Honda will celebrate National Hospital Week from May 11th through the 15th. With a variety of special events and activities recognizing the staff, volunteers and residents, the week's festivities will be highlighted with an outdoor picnic/barbecue in the Clarendon Valley on Friday, May 15th from 11:30 to 1:30 p.m. All Commissioners will be invited to attend.

New DHS Requirements
Senate Bill 945 requires the Department of Health Services (DHS) to ensure that each new applicant for certified nurse assistants, home health aides, and owners and administrators of home health agencies submit fingerprints to DHS. The new requirement for fingerprint and criminal background screening prior to certifying new applicants and renewing any current certification is effective on or after July 1, 1998. Mr. Wagner has appointed Adianne Tong, Mary Louise Fleming, and Carol Sam to serve on a task force to review this legislation and to develop a plan to assure that CHN staff complies with the regulation.

The Laguna Honda Story
The "Laguna Honda Hospital Story" has been published by the CHN and is ready for distribution. The LHH Story is a four-page newspaper that discusses the mission of LHH and the way in which LHH affects the lives of its residents in a clinical and personal way.

On behalf of the Commission, President Monfredini offered congratulations to Tony Wagner, Gene O'Connell, and Larry Funk for their permanent administrative appointments.

5) PRESENTATION OF THE CITYWIDE DIVERSION REPORT

Dr. John Brown, EMS Agency Medical Director, presented a citywide hospital diversion update (Attachment A). He also submitted the EMS Section Diversion Action Plan, the current diversion statistics as of April 1998, and a study of diverted patients (December 1997.)

There were discussions with Commissioners on the following areas:

- Number of walk-ins during diversion
- Comparison of diversion data with other areas in the State
- Questions of inappropriateness of patients coming to the Emergency Room
- Joint training for critical care staff
- Shortage of nurses
- Interpretation of the data
- Benchmark for minimum standards per City
- Public education on the appropriate use of the Emergency Room

President Monfredini requested another update on citywide diversion on October 6, 1998. When received, Dr. Katz will forward the Statewide Task Force report to the Commission. The first draft is being targeted for completion in July, with a final report completed in September.

6) TIME SPECIFIC: 4:00 P.M.

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES IN THE COMMUNITY FROM DAVIES MEDICAL CENTER:

DAVIES MEDICAL CENTER (DMC) HAS SIGNED A LETTER OF INTENT WITH CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) AND SUTTER HEALTH FOR THE ACQUISITION OF DAVIES MEDICAL CENTER BY CALIFORNIA PACIFIC MEDICAL CENTER

For this item, President Monfredini abstained due to a conflict of interest. Vice President David J. Sanchez, Jr., Ph.D., presided over this item.

A 3-minute break was taken.

Vice President Sanchez reviewed the process and procedures for this Proposition Q hearing. The Commission had received a letter from Greg Monardo, President and CEO of Davies Medical Center, indicating the following specific strategies:

CPMC's stated plans for the merger will maintain DMC's programs and services, including the following specific strategies:

Maintain DMC's:

Emergency Department
Acute Medical/Surgical Unit
Ambulatory Surgery Unit
Critical Care Unit

Expand and Develop DMC's:

Acute Rehabilitation Unit
Inpatient Psychiatry Department
Microsurgery Department
Skilled Nursing Facility

In addition, the plans include the consolidation of DMC's and CPMC's medical staffs.

CPMC is an acute care hospital with 913 licensed beds and 25 residential licensed beds in its Alzheimer's Unit. CPMC is an academic medical center that provides primary care, acute and critical care, obstetrics, and tertiary care programs including transplantation, cardiac care and surgery, neurosurgery, neonatology, geriatrics, and complementary medicine through its Institute for Health and Healing.

The intent of the strategy described above is to build upon both DMC's and CPMC's outstanding clinical and community reputations to strengthen programs, services and patient care. Our hope is to maintain as many as possible of our employees as we work toward these goals.

DMC and CPMC had the following speakers:

Greg Monardo, DMC President and CEO
Greg Buncke, M.D., DMC Chief of Staff
William Owen, M.D., HIV Specialist
Brian Christianson, Neighborhood Representative
Tony Brayer, M.D., CPMC Chief of Staff
Martin Brotman, M.D., CPMC President and CEO

A letter was submitted from Edward P. York, President of the Duboce Triangle Neighborhood Association.

Public Speakers:	Fred Seavey, Local 250 Karen Kircher, SF/United Cerebral Palsy

Commissioner Barnes expressed concerns about the continuation of clinical trials for HIV patients and labor issues. She emphasized the need for management to meet with the labor union representatives and address employee-related issues.

Vice President Sanchez requested more details of the proposed acquisition. He specifically requested updates on CPMC's most recent Prop Q hearings (i.e. transfer of obstetrics services from Chinese Hospital to CPMC and the relocation of the Urgent Care Center to the Pacific Campus Emergency Department.)

Commissioner Guy requested statistics and quantitative data to justify the projected expanded services. She noted that in this era of downsizing and managed care, there is a contradiction in expanding services.

Commissioner Parker noted the projected growth in services contradict the direction to have fewer employees.

The Commission continued this item to the May 19, 1998 meeting in order to receive more detailed information and data regarding the acquisition. At the June 2, 1998 meeting, the Commission will vote on determining whether this acquisition will or will not have a detrimental impact on the health care service in the community.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action taken: The Commission unanimously voted to hold a closed session.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: HARRIS V. CCSF ET AL, UNITED STATES DISTRICT COURT #C97-3379 CW

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. [GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).].**

Action taken: The Commission unanimously approved the $100,000 settlement for this case.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action taken: The Commission unanimously voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco
Department of Public Health

MEMORANDUM

DATE: April 29, 1998

TO: Honorable Lee Ann Monfredini
President
Health Commission

THROUGH: Mitchell H. Katz, MD, MPH MK (at)
Director of Health

FROM: John F. Brown, MD
Medical Director

SUBJECT: Hospital Diversion Update

The EMS Section continues to monitor hospital diversion at San Francisco hospitals.

Diversion Activity

Since we last reported to you, we experienced in December and January unprecedented levels of hospital diversion throughout our system. Although the amount of diversion has reduced significantly since our peak period in January 1998, hospital diversion continues to occur frequently. We noted with concern a two-hour event in which 6 hospitals requested total diversion on April 21, 1998; EMS Section staff suspended diversion during this time.

December and January Peak Periods

In December and January, our EMS system experienced unprecedented levels of hospital overcrowding and ambulance diversion. EMS systems throughout Northern and Central California shared our experience as a peak of influenza cases moved from the southern part of our state to the north. Flu-like and other respiratory illnesses contributed to greatly increased demand for emergency care. As previously reported a shortage of critical care and emergency department qualified nurses throughout the state made adequate staff during this time of peak demand very difficult.

The Department of Health Services, through their regional offices, polled all hospitals in California during the last week of January and confirmed that hospitals were operating above projected census levels throughout the state. Additionally, the Northern California Kaiser hospitals experienced multiple work stoppages by the California Nurses Association. Even though this resulted in exceptional demands for bed space in facilities not affected by the stoppage, the EMS system has met its commitment to providing emergency care. This included dealing with a multi casualty incident at a hotel (during a

ommunity Health Services 101 Grove Street San Francisco, CA 94102

Kaiser work stoppage) on January 25 where over 70 persons where triaged by physicians and paramedics for gastrointestinal complaints related to food poisoning.

Diversion Suspension:

The EMS Section continued to suspend the ability of hospitals to divert critical care patients.

January: 24 events and a total of 347 hours or 47% of the month of January.

February: 6 events for a total of 55 hours or 7% of the month.

March: 6 events, 58.43 hours, 7.85%

April (through the 27th): 3 events, 6.38 hours, 0.89% *

(*Includes a 2 hour suspension of Total Diversion on 4/21/98 due to combination of reasons such as no beds and hospitals simultaneously receiving multiple ambulances and walk-ins.)

Action Plan:

The EMS Section continues to oversee the implementation of the action plan. We are pleased with the efforts of the hospital community facilitated by the Hospital Council.

The Hospital Council has continued to facilitate discussions with the hospitals and has assisted in two important areas: 1) a standardized internal hospital diversion policy is near completion, 2) initial steps to conduct a critical care training program by issuing an RFP for a vendor to conduct the program.

Impact of Diversion in San Francisco: A Study of Diverted Patients, December 1997

This information is descriptive of the diverted population. The ambulance providers identified 142 patients diverted in the month of December 1997. We obtained hospital disposition and outcome data on 124 (88%) of these patients. Of the patients diverted, 96% showed no change in their condition. Patients who were appropriately diverted showed no adverse outcome.

Statewide Perspective:

This rise in diversion activity was experienced in most of California this past December and January. The State EMS Authority convened a statewide Task Force in January 1998 to address the hospital overcrowding and ambulance diversion issue. The Task Force, has representatives from Department of Health Services, California Hospital Association, and Local EMS Agencies. Abbie Yant, Administrator of the EMS Section is a member of the Task Force. The Task Force is working towards completing a report that will describe what occurred, what data is available to analyze and monitor the situation, compile existing policies and programs related to hospital overcrowding and emergency department diversion, and make recommendations for dealing with future situations.

Task Force members are striving to complete the first draft by July with a final report targeted for completion in September.

In addition, as a result of some of the Kaiser Hospital emergency department closures and the diversion experiences of last winter, Assembly Bill 2103, authored by Gallegos, was introduced in Sacramento. This bill states that whenever a hospital considers downgrading or closing an emergency department, a public hearing and a "local EMS system impact analysis" must be completed by the local EMS Agency. Anticipating the enactment of this legislation, the EMS Section has begun to explore methods for measuring the current level of EMS system capacity and projecting future needs.

Conclusion and Recommendations:

While the level of diversion activity has been very high, the problem was anticipated and has been tracked well and accommodated by EMS System policy and resources. Crucial to our management has been the CHORAL system, developed and maintained by money from the EMS Fund. The EMS Section will continue to oversee the implementation of the action plan and provide regular reports to the Health Commission.

The Diversion Survey showed no adverse outcome to patients who were appropriately diverted in the system. However, the impact of diversion reaches beyond the medical outcome of the diverted patients. Our destination policy is built upon the principle that patients should be transported to their hospital of choice if their medical condition does not override this decision (e.g. trauma). Diverting patients causes other difficulties for the patients, their families and their providers that we have not measured.

This past winter we experienced the need to frequently suspend diversion for long periods of time. This has created new problems in an already complex system of delivery of care. As a result, some have suggested refining diversion criteria for specific patient groups while others have suggested that we do away with diversion except for extreme circumstances.

We will continue to investigate and recommend resolution to the underlying causes of hospital diversion. We will also keep the Commission informed about any changes in our diversion statistics and will seek guidance prior to any possible changes in the system.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

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Tuesday, May 5, 1998
Time Specific: 4:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following change on health care services of the community from Davies Medical Center:

Davies Medical Center (DMC) has signed a Letter of Intent with California Pacific Medical Center (CPMC) and Sutter Health for the acquisition of Davies Medical Center by California Pacific Medical Center.

The transaction plan focuses on a strategy that will ensure the continuation of the provision of high quality health care, with no disruption of care to patients.

Persons unable to attend this public hearing may submit written comments to the Health Commission, Vice President David J. Sanchez, Jr. Ph.D., at 101 Grove Street, Room #311, San Francisco 94102.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

19/98

AGENDA

HEALTH COMMISSION MEETING

May 19, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DEPOSITORY ITEM
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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF MAY 5, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN** - Request for retroactive approval of contract modification with Asereth Medical Services in the amount of $2,670,000 for the provision of temporary pharmacy personnel for the period of February 1, 1998 through January 31, 2000 for a total contract amount of $3,000,000.

(3.2) **PH-CHP&P-AIDS Office** - Request for retroactive contract renewal with UCSF AIDS Health Project, in the amount of $435,251, for the provision of HIV counseling, testing, referral and partner notification, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.3) **PH-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $136,015, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAITC for services totaling $145,172 during FY 1996-97).

(3.4) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $100,913, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with HAFC for services totaling $10,606,732 during FY 1996-97).

(3.5) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $120,491, for the provision of HIV prevention program services targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with MNHC for services totaling $794,025 during FY 1996-97).

(3.6) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Stop AIDS Project, Inc. (SAP), in the amount of $230,321 for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with SAP for services totaling $937,172 during FY 1996-97).

(3.7) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Glide Foundation in the amount of $50,653, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with Glide for services totaling $ 226,161 during FY 1996-97).

(3.8) **PH-CHS-CSAS** - Request for approval of retroactive sole source contract renewal with Chemical Awareness and Treatment Services, Inc. (CATS) in the amount of $58,171 *in client fees to the Department* to provide 30-month multiple offense/driving under-the-influence, chemical dependency and poly-drug abuse treatment services for the period of January 1, 1998 through June 30, 2001. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

(3.9) **PH-CHS-CMHS** - Request for approval of new contract with Pathmakers of California, a mental health provider group, in the amount of $160,000, for the provision of professional mental health services for the period of June 1, 1998 through June 30, 1999.

(3.10) **PH-CHS-CMHS** – Request for retroactive approval of contract modification with Family Service Agency (FSA) in the amount of $100,000 for the period of April 1, 1998 through June 30, 1998 to provide outpatient care to medically indigent and Medi-Cal psychiatric clients. Total amount of contract including this modification is $670,000. (DPH contracted with FSA for services totaling $4,422,837 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Department). (Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF A RESOLUTION CREATING AN EMPLOYEE RECOGNITION PROGRAM FOR DEPARTMENT OF PUBLIC HEALTH EMPLOYEES**

6) **TIME SPECIFIC: 4:00 P.M.**

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE

FOLLOWING CHANGE OF HEALTH CARE SERVICES OF THE COMMUNITY AT ST. MARY'S MEDICAL CENTER, 450 STANYAN, SAN FRANCISCO, CA:

CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY'S MEDICAL CENTER

7) TIME SPECIFIC: 4:30 P.M.

CONTINUATION OF A PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES IN THE COMMUNITY FROM DAVIES MEDICAL CENTER:

DAVIES MEDICAL CENTER (DMC) HAS SIGNED A LETTER OF INTENT WITH CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) AND SUTTER HEALTH FOR THE ACQUISITION OF DAVIES MEDICAL CENTER BY CALIFORNIA PACIFIC MEDICAL CENTER

8) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COLLABORATIVE EFFORTS WITH THE SAN FRANCISCO SCHOOL DISTRICT

9) PRESENTATION OF THE RECOMMENDATIONS FROM THE MAYOR'S BLUE RIBBON COMMITTEE FOR UNIVERSAL HEALTH CARE

10) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
Commissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner

/19/98

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 19, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 5, 1998

Action Taken: The Commission unanimously adopted the minutes of May 5, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN** - Request for retroactive approval of contract modification with Asereth Medical Services in the amount of $2,670,000 for the provision of temporary pharmacy personnel for the period of February 1, 1998 through January 31, 2000 for a total contract amount of $3,000,000.

This item was postponed to a future meeting.

(3.2) **PH-CHP&P-AIDS Office** - Request for retroactive contract renewal with UCSF AIDS Health Project, in the amount of $435,251, for the provision of HIV Counseling, Testing, Referral and Partner Notification, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.3) **PH-CHP&P-AIDS Office** - Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $136,015, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with CAITC for services totaling $145,172 during FY 1996-97).

Commissioner Sanchez requested this contractor come back to the Budget Committee in 60 days (July 21, 1998) with a status report on any compliance issues in the monitoring report.

(3.4) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $100,913, for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with HAFC for services totaling $10,606,732 during FY 1996-97).

(3.5) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $120,491, for the provision of HIV prevention program services targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with MNHC for services totaling $794,025 during FY 1996-97).

(3.6) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Stop AIDS Project, Inc. (SAP), in the amount of $230,321 for the provision of HIV prevention program targeting behavioral risk populations, for the period of January 1, 1998 through December 31, 1998 (DPH contracted with SAP for services totaling $937,172 during FY 1996-97).

(3.7) **PH-CHP&P-AIDS Office** – Request for approval of retroactive renewal contract with Glide Foundation in the amount of $50,653, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with Glide for services totaling $ 226,161 during FY 1996-97).

(3.8) **PH-CHS-CSAS** - Request for approval of retroactive sole source contract renewal with Chemical Awareness and Treatment Services, Inc. (CATS) in the amount of $58,171 *in client fees to the Department* to provide 30-month multiple offense / driving under-the-influence, chemical dependency and poly-drug abuse treatment services for the period of January 1, 1998 through June 30, 2001. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

(3.9) **PH-CHS-CMHS** - Request for approval of new contract with Pathmakers of California, a mental health provider group, in the amount of $160,000, for the provision of professional mental health services for the period of June 1, 1998 through June 30, 1999.

(3.10) **PH-CHS-CMHS** – Request for retroactive approval of contract modification with Family Service Agency (FSA) in the amount of $100,000 for the period of April 1, 1998 through June 30, 1998 to provide outpatient care to medically indigent and Medi-Cal psychiatric clients. Total amount of contract including this modification is $670,000. (DPH contracted with FSA for services totaling $4,422,837 during FY 1996-97).

<ins>Action taken</ins>: The Commission approved the Consent Calendar of the Budget Committee, except for #3.1, with Commissioner Sanchez abstaining on #3.2.

4) DIRECTOR'S REPORT

(Provides information on activities and operations of the Department)
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

State Budget

The Governor released his annual May revision of the budget Thursday, May 14th. Projected General Fund (GF) revenues are up by $4.21 billion over the original January estimates. The revised budget includes $15.2 billion GF expenditures for Health and Welfare programs, an increase of $121.3 million from the Governor's January budget proposal.

Of great concern is the Governor's proposal to reduce the Vehicle License Fee (VLF) by 75% over five years. The proposal would reduce the VLF by 50% effective January 1, 1999, and again by 50% effective January 1, 2002. This would create a total estimated revenue decrease of $6.6 billion over the five-year period. The proposal is opposed by the Legislature's Democratic members, and is expected to be a major issue in budget negotiations.

The VLF generates $3.9 billion annually in revenues that are constitutionally dedicated to local governments. A percentage of VLF in combination with ½ cent sales tax revenues provides funding for the State/Local Realignment Initiative. Annually, on a statewide basis, approximately $63.8 million of VLF revenue is allocated for mental health services, $765 million for health services and $13 million for social services.

In 1997-98, the Department is anticipated to receive a total of approximately $57.6 million from VLF: $53.8 million for health services and $3.8 million for mental health services. These funds provide vital health services to vulnerable at-risk populations. Moreover, the City and County of San Francisco General Fund receives approximately an additional $130 million discretionary VLF funds, much of which benefit public safety. The Department of Human Services receives approximately $351,000 in VLF.

The exact impact of the Governor's proposal is unknown at this time, since it is a partial, phased-in reduction, and many of the implementation details have not been disclosed. The Governor and Department of Finance say this proposal will not affect counties because lost VLF funds will be replaced with State General Fund money, dollar for dollar, and the current allocation schedule will remain in place.

However, this is not entirely reassuring because there is no constitutional guarantee on the allocation of State General Fund (GF) for health and social services realignment programs. State GF dollars are subject to annual legislative or administrative attempts to divert the funds elsewhere. For example, if State GF are not provided and this proposal is implemented January 1, 1999, the Department could potentially witness a $15 – $20 million reduction in State revenues next fiscal year. In addition, there are many unanswered questions, such as increased local reliance on the annual State budget process, and greater vulnerability and diminished reliability of the State's GF as a source for funding realignment programs. The Department will work closely with the Mayor's Office and San Francisco's lobbyist in Sacramento to monitor this proposal and its impact on health and mental health funding.

Following are summaries of other key health-related proposals:

- An increase in $12.4 million State GF to eliminate the State's "take-back" of county funds in the Medi-Cal Administrative Claiming Fund and the Targeted Case Management Claiming Fund (MAA/TCM). In 1997-98, San Francisco's portion of the take-back is $1.4 million. In 1998-99, elimination of the take-back could result in a revenue increase of up to $1.25 million for San Francisco.

- Tobacco tax revenues are growing – up $10 million for fiscal years 1997-98 and 1998-99. The May Revision proposes to allocate these funds to health education, county health services, and research programs focused on reducing tobacco use, particularly among youth and young adults. However, the California Healthcare for Indigents Program (CHIP) continues to project a $4.6 million decrease in 1998-99. For San Francisco, this would result in a decrease of $500,000 to $600,000. The Department will continue to monitor this proposal and assess the fiscal impact on San Francisco.

- The May revision includes full-year funding (for 1997-98) for pregnancy-related services for undocumented immigrants as now required by court order. The Department is in the process of determining the fiscal impact of this.

- An increase of $36.1 million GF for mental health services to CalWORKs recipients to correct and supplement the original budget of $9.1 million GF.

- An increase of $14.5 million ($7.2 million GF) for the addition of smoking cessation products to the Medi-Cal contract drug list.

- The AIDS Drug Assistance Program: appropriates an additional $2.6 million in federal Ryan White CARE Act funds; an increase of $4.7 million for addition of new drugs to the ADAP formulary; and a net savings of $8.9 million due to increased efficiencies resulting from centralization of pharmaceutical services offset by increased program utilization.

- A 2.84% increase for a Cost of Living Adjustment (COLA) for SSI/SSP, however no COLA is proposed for CalWORKs grants.

According to the State constitution, the legislature must pass the budget by June 15, 1997; the fiscal year begins on July 1, 1997.

Pregnancy-Related Services for Undocumented Residents
As you know, in early March 1998 the Los Angeles Superior Court issued an injunction in the Milagro Doe case, which prohibited the State from implementing the regulations to terminate State funding for pregnancy-related services for undocumented women. The State subsequently filed a writ asking the California Appellate Court to overturn the injunction, and on May 7, 1998, the Appeals Court issued a decision refusing to do so. This means that the State is prohibited from terminating funding for several months -- at least until the trial in this case is held, or until a further appeal is heard. The trial is currently scheduled for November 1998.

Managed Care
Earlier this month, Governor Wilson unveiled a proposal to create a new Department of Managed Health Care. You may recall that this was one of the major recommendations coming from the Managed Health Care Improvement Task Force.

The new Department of Managed Health Care would focus solely on providing oversight to the managed care industry. The Governor believes that this department will improve the State's role in ensuring quality and affordable health care for those who have insurance. In order to monitor health plan accountability, this new department would have a Division of Consumer Services.

The Department of Corporations (DOC) is currently responsible for the administration, enforcement, and regulation of health care service plans. In addition, the DOC oversees commodities, securities and franchise investments, and lenders and fiduciaries. The Governor's proposal would eliminate the Department of Corporations.

The lender and fiduciary programs of DOC would be consolidated into the Department of Financial Institutions (DFI) which oversees banks, S&Ls, credit unions and industrial loan companies. The DFI would be renamed the Department of Financial Services.

The reorganizations are scheduled to take effect on July 1, 1999.

PUBLIC HEALTH

University of California Breast Cancer Grant

I am proud to announce that the Community Health Epidemiology Section has been awarded a one-year grant in the amount of $84,911 from the University of California, Breast Cancer Research Program. The grant will provide for a half-time Project Coordinator and two half-time Interviewers to be hired from the BVHP community. It will also provide incentives to study participants and for a Project Research Assistant. The Principal Investigator on the grant is Daramola Cabral Evins, DrPH, PA and included the collaboration of coinvestigators Drs. Arthur Coleman from the BVHP Health Care Task Force and Marion UCSF Department of Epidemiology and Biostatistics.

The purpose of this research is to determine why breast cancer mortality is higher in African American women compared to whites, and what role inadequate follow-up care plays in explaining these racial/ethnic disparities. This has been an issue voiced by the African American community, and is of great concern to the Health Department.

Stop Red Light Running Campaign

The Emergency Medical Services Section released the results of a study that provides new insight into the minds of red light runners. The study shows that most red light runners regard themselves as good drivers and believe other red light runners are the problem, not them. In fact, many don't regard themselves as red light runners—even after admitting to having run a red light more than once.

The findings are based on focus groups of San Francisco residents who admitted to running a red light more than once. The focus groups, conducted in March 1998 as part of the agency's Stop Red Light Running Campaign, were designed to get to the root causes of the behavior. Other than a few overlapping habits and opinions, red light runners break down into two distinct categories: *distracted drivers* and *aggressive drivers.*

Key Findings:

Distracteds

- Do nearly everything while driving, including eating, putting on make-up, daydreaming and project planning.
- Think other red light runners are the real problem.

- Run red lights for lots of reasons, including speeding, afraid to stop because of tailgaters, and, of course, not paying attention.

Aggressives

- Have great animosity toward other drivers.
- Believe drunk drivers are more likely to hurt someone than red light runners.
- Run red lights for lots of reasons: "I'm in a hurry. I think I can gun the light and make it." "I'm just there when it turns red," and "The yellow is too short."
- Don't feel bad about running red lights if there are no other cars around, such as at night or early morning.

One startling difference is in the way the two groups viewed drivers involved in fatal accidents. The distracteds were outraged at these drivers and believed they deserved "jail time" because "a car is a weapon." The aggressives were more sympathetic: "Everyone makes mistakes," and "The knee-jerk reaction would be to condemn them but you can understand how it happens." Future campaign efforts will be directed towards these groups of individuals.

San Francisco Housing Authority Session

At the request of the U. S. Department of Housing and Urban Development, the Environmental Health Section prepared a half-day training workshop to staff of the San Francisco Housing Authority. The specific purpose of the workshop was the provide training and information on mold and mildew problems found in homes. The workshop brought in local and guest presenters from areas of expertise which included indoor air quality, vector and rodent biology, and general sanitation. Approximately 20 students participated in the workshop conducted at the Housing Authority office on April 15th.

Pool Safety Training

In preparation for the swimming pool season, Environmental Health staff organized a free training session for owners/managers/pool technicians May 12th at the Cathedral Hill Hotel. The purpose of the training was to provide information on pool safety, sanitation, and maintenance. Additionally, the workshop focused on the new State law requiring Ground Fault Circuit Interrupters (GFCI) installation. This law was came about as a result of a tragic pool death that occurred in San Mateo County last year involving a young girl swimming in a pool that was not equipped with a GFCI device. The Department's Public Information Officer is working with Environmental Health to develop a PSA advisory alerting pool/spa owners of the new requirement.

Hazardous Waste Database

The Hazardous Waste Program is developing a database and mapping program to identify the location and levels of contamination at known sites within the City and County of San Francisco. This database will provide greater information to interested environmental and business groups regarding the location of these contaminated sites. Presently, there does not exist within the City a single source that provides this information. Two student interns from Woster Polytechnic Institute in Massachusetts are developing this project. The Interns will complete the project in approximately seven (7) weeks.

COMMUNITY HEALTH NETWORK

Department of Justice Findings Letter

The CHN Executive Staff in consultation with the City Attorney's staff has begun to develop a response to the DOJ Findings Letter on Laguna Honda Hospital. Laguna Honda Administrators have communicated factual information about the Findings Letter, to the Board of Supervisors, the press, employees, union business representatives and volunteers. A press briefing and tour of Laguna Honda was provided on May 7th. The Hospital has received strong community support via a number of telephone calls received after the release of the DOJ Findings Letter. The census and admissions at the facility remain strong, which is an ongoing indicator of the community's confidence in the overall quality of services provided. I will keep the Commission apprised of our progress on this significant issue.

Annual Licensing and Certification Survey

The State Licensing and Certification Division and HCFA have requested additional information about Laguna Honda's Plan of Correction to the 1998 Annual Certification Survey that was submitted on May 8. The Hospital is continuing its dialogue with Licensing and Certification and HCFA representatives and providing additional information to ensure inter-agency collaboration. I will keep the Commission informed.

Hospice Unit Featured in AARP

In the May 1998 American Association of Retired Persons Bulletin (AARP), Laguna Honda Hospital Hospice was featured in a three page report. The article described several Hospice programs across the country, including Laguna Honda's 28-bed facility. Color photographs of LHH's Hospice garden with a resident and caregiver was included in the article. This nationally distributed newsletter praised the hospice concept and shed light on this healthcare specialty. I commend all the staff at Laguna Honda Hospice for the high quality service provided to the community.

LHH Celebrates Hospital Week

In honor of National Hospital Week, Laguna Honda hosted a number of events and activities during the week of May 11-15. A staff and resident table tennis tournament was held in Simon Auditorium as well as exercise and fitness classes taught by Drs. Rivero, Stinson and Zoe Austin, P.T. The week culminated with a barbecue in Clarendon Valley for residents, staff and volunteers followed by Laguna Honda Hospital Employee Night at 3 Com Park where over 100 employees enjoyed watching the Giants play the Mets.

Nomination to the American Academy of Nursing

Anne M. Hughes, RN, NP, Clinical Nurse Specialist for HIV and Oncology at SFGH has been nominated for membership in the American Academy of Nursing. The American Academy of Nursing is an organization of 1200 distinguished leaders in nursing who have been recognized for their outstanding contributions to the profession and to health care.

Anne is the immediate past president of a national nurse's organization, the Association of Nurses in AIDS Care. She has been active in nursing and HIV/AIDS issues since she came to SFGH in 1989. She believes that her nomination to the academy is also recognition of the entire nursing services at the CHN/SFGH. I am sure you join me in congratulating Anne on this well-deserved recognition.

Update on Health at Home

Health at Home, the department's home care agency has been experiencing exceptional growth. Two hundred visits per month were being conducted in July 1997; today the volume is 1500 visits per month with over 300 patients on service. The most common diagnoses being treated by Health at Home include respiratory conditions, cardiac conditions, cancers and HIV/AIDS.

CHN Patient Care Council
Mr. Wagner reports that Gene O'Connell and Dr. Melissa Welch (the CHN Director of Patient Care Services and Chief Medical Officer, respectively), completed the final draft of the CHN Patient Care Council which was approved by CHN Leadership on May 13, 1998.

The Patient Care Council (PCC) is the operational arm of the CHN. The Council will be comprised of membership representatives from the entire CHN Continuum of Care: the UCSF Dean's Office, DPH Public Health Division, CHN Quality and Utilization Management, the Consortium Clinics, and the Office of Integrated Care (TBD).

CHN Presentation at City-Wide Community Advisory Board
CHN Leadership was invited to the meeting of the City-Wide Community Advisory Board for the community clinics on May 13, 1998. Mr. Wagner provided a status report on the reorganization of the CHN and offered his vision and goal for the Network to be the best public health delivery system in the country. Dr. Melissa Welch explained her role as the CHN Chief Medical Officer and described the function of the CHN Patient Care Council. Reports from representatives of advisory boards to individual clinics were also presented.

April statistics are available in the Commission Office.

Commissioners Chow and Guy requested a presentation of the Stop Red Light Running Program. Data and public education issues should be highlighted.

Commissioner Barnes encouraged the Department to bring a well thought out plan to the voters for the Laguna Honda Hospital ballot initiative.

On behalf of the Commission, President Monfredini expressed unanimous strong support for a Laguna Honda Hospital bond.

Commissioner Parker inquired on the Department's capacity to provide health promotion and prevention regarding AIDS.

Commissioner Sanchez commended the Department for the data and statistics provided to the Commission.

Dr. Katz acknowledged Diane Miller's work on these monthly reports.

5) CONSIDERATION OF A RESOLUTION CREATING AN EMPLOYEE RECOGNITION PROGRAM FOR DEPARTMENT OF PUBLIC HEALTH EMPLOYEES

At the request of President Monfredini, Dr. Katz presented the Department's plan for an Employee Recognition Program:

DPH agrees with the Commission that a Department-wide employee recognition program should be developed recognizing outstanding performers at all staffing levels. The plan should include those working with patients, as well as those individuals who work behind the scene.

The program should select awardees that unite DPH programs and encourage teamwork. We want to make sure we are rewarding our top "assist" players as will as our top "scorers". The award should be both formal, at the Commission level, and informal, recognizing the winner in front of everyone at the job site, peers, subordinates, consumers and bosses.

Recognition shouldn't be confused with incentive programs. Recognition draws attention to employees who perform. Incentive programs use techniques to induce people to achieve a specific objective. Research shows that although incentives are effective in motivating employees, that the simple act of recognizing people as individuals is essential for long term success.

Many recognition programs in the City have come and gone because there was not a commitment from management. DPH is committed to the creation of an employee recognition program for the long haul. This is a time of great change in the Health Care industry. The new employee recognition program will be a nice way to show appreciation to our front line staff.

Program Goal

We have discussed the desired objectives of an employee recognition program and strongly believe that the program's objectives should support DPH's vision and goals. The purpose of the employee recognition program is as follows:

- To say thank you to an outstanding employee or team of employees for their exceptional work and service.
- To recognize those employees who exhibit excellent performance in fulfilling their jobs assignments.
- To communicate a focused message to the rest of the Department, highlighting results.

Program Criteria

Nomination forms will be available at the Department's Human Resource offices. Supervisors and managers may nominate an outstanding employee, a team of employees, or individuals may nominate themselves. To be considered for nomination an employee or team of employees must display success in at least four of the following areas:

- Outstanding on-the-job performance in carrying out day-to-day duties and responsibilities.
- Employees who deserves special recognition for the work they perform on behalf of our clients, or the public. This may be noted by management, or in letters written by consumers in appreciation of exceptional service.
- Development of an innovative idea or suggestion resulting in a change of service delivery or a cost savings.
- Improvement in individual or team work methods resulting in timesavings, workflow or general safety improvement.
- Development of a program whose main intent is to provide a particularly innovative or needed service to the public that has the by-product of shedding positive light on public health. (i.e.: something like the SFGH Tattoo removal program)

- Ability to work with other employees and assist wherever needed or requested.

- An employee who is always dependable and follows through with assignments without prodding or reminders.

For the first few months, managers will be responsible for getting the word out to all employees in each Division. Human Resources will be the coordination point for the Department and will distribute a flyer with a nomination form attached. This will be posted on all bulletin boards at job sites. In addition, the Director will announce and publicize the program in his biweekly e-mail newsletter, “Fast Facts from Dr. Katz”.

The Commission directed Dr. Katz to operationalize this program, with input from the Commissioners.

Commissioners’ Comments:

- It should be the discretion of the selection committee on the number of awardees each month.
- Reliability, instead of dependability, should be emphasized.
- Avoid “popularity” contests.
- Teamwork as well as individuals, can be recognized.
- A frontline employee should be involved in the selection process.
- Selection process should be even-handed and democratic.
- Eliminate the phrase “without prodding or reminders.”

Action Taken: The Commission unanimously adopted Resolution #21-98, “Supporting the Development and Implementation of a Department of Public Health Employee Recognition Program, (Attachment A).

6) TIME SPECIFIC: 4:00 P.M.

PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES OF THE COMMUNITY AT ST. MARY’S MEDICAL CENTER, 450 STANYAN, SAN FRANCISCO, CA:

CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY’S MEDICAL CENTER

Rosemary Fox, Vice President/Chief Operating Officer, presented this information:

After careful evaluation and consultation with our medical leadership, the decision was made to discontinue the Obstetrics Inpatient Service at St. Mary’s.

Since reopening the unit in August 1996, there has been an average of approximately 120 deliveries a year. The national market standard for a quality OB impatient program is approximately 2000 births per year. Despite numerous initiatives to increase obstetrics, volume deliveries have not shown growth.

Maintenance of a small service such as ours, makes recruitment and retention of staff, as well as maintenance of the skills, very difficult.

Our operating losses for the 18-month period that the program was in service were greater than $2 million, and an additional capital investment of $2-3 million would have been required by the end of 1998 under OSPHD guidelines.

Several market factors also contributed to the decision to close the unit: declining child-age bearing population in San Francisco, consumer expectations for full service obstetric services, and an inability to recruit OB/GYN practices. St. Mary's will retain its prenatal and postpartum services on an outpatient basis, and parenting classes will continue through our WomanKind Program.

Our OB physicians enjoy medical staff privileges at California Pacific Medical Center, St. Luke's, UCSF, and our sister hospital, Seton Medical Center in Daly City. Ambulatory OB and prenatal services will be continued while deliveries occur at these other facilities.

Fortunately, we were able to offer positions at our Catholic Healthcare West facilities to all the nursing staff.

President Monfredini inquired about St. Mary's Board support for this closure and the availability of counseling for future mothers transitioning to another hospital.

Commissioner Chow inquired about the care of indigent patients.

Commissioner Guy requested a letter indicating St. Mary's commitment to serve indigent patients and indicating its public responsibility.

After Ms. Fox indicated the unit is presently closed due to lack of staffing and concern for quality of care, President Monfredini expressed disappointment on St. Mary's and Catholic Healthcare West's lack of compliance to this Proposition Q hearing. She encouraged Ms. Fox to have the CEO of Catholic Healthcare West present at the June 2, 1998 hearing.

Commissioners requested information on what actually has been done regarding this closure, what patients have been told, and what has been the disposition of patients and employees.

President Monfredini continued the public hearing of this item to June 2, 1998. At the subsequent meeting of June 16, 1998, a determination will be made by the Commission.

Later in the meeting, President Monfredini informed our Deputy City Attorney Paula Jesson, about the non-compliance of St. Mary's Hospital on Proposition Q. A letter from the Commission will be sent to St. Mary's Medical Center documenting its non-compliance to Proposition Q procedures.

7) TIME SPECIFIC: 4:30 P.M.

CONTINUATION OF A PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES IN THE COMMUNITY FROM DAVIES MEDICAL CENTER:

DAVIES MEDICAL CENTER (DMC) HAS SIGNED A LETTER OF INTENT WITH CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) AND SUTTER HEALTH FOR THE ACQUISITION OF DAVIES MEDICAL CENTER BY CALIFORNIA PACIFIC MEDICAL CENTER

President Monfredini abstained from participating in this issue due to conflict of interest.

Vice President Sanchez presided over this item. Greg Monardo, CEO of Davies Medical Center, and Dr. George Lee, representing California Pacific Medical Center CEO Martin Brotman, M.D., made presentations on more information requested from the Commissioners. Legal Counsel from Sutter Health, Bill Aseltine, responded to legal issues.

Public Speakers:

Supporting the Acquisition:
- Robert Reichert, Davies patient
- Dione Bowers, Davies patient
- Samuel Crocker, Davies volunteer

Opposing the Acquisition:
- Frederick Hobson, SF Tomorrow Board of Directors
- Phyliss Tunson, Davies employee
- Marcy Fraser, individual
- Sal Rosselli, President of Local 250, SEIU
- Carla Woodworth, California Physicians Alliance

Commissioner Parker stated that the labor issues should be resolved prior to a Health Commission decision. He would consider consumer support, future provision of charity care, and the long-range goals of Sutter Health and CPMC. He also is interested in why Davies did a turnabout with CPMC after Davies sued CPMC.

Commissioner Chow requested a copy of Attachment 1, referred to in the CPMC Board resolution. He also wants to know the level of charity care, a better picture of which services will continue, and the commitment to skilled nursing beds given our Laguna Honda Hospital situation.

Commissioner Guy stated the Commission is not receiving complete information; and the governance question in relation to the role of Sutter Health needs to be answered.

Commissioner Sanchez requested more information on the Board of Trustees and a copy of the plan for this acquisition. He stated it is the civic duty and responsibility of the Health Commission to conduct a Proposition Q hearing in a public forum. The information given to the Commission thus far raises more questions for further information.

Commissioner Barnes' priority is to continue the services and to represent the interests of the residents of the City and County of San Francisco. It is still unclear as to which party(ies) have the ultimate decision-making authority. She requested further financial and governance structure information and a copy of any affiliation agreement. She also encouraged more information to employees and that more discussions with employees take place.

Dr. Lee explained the governance structure, emphasizing that CPMC will be the decision-maker at the local level. He pointed out that Sutter Health is the parent organization and that there is no plan to decrease services at Davies Medical Center.

Mr. Monardo submitted to the Commission tax information requested from Local 250.

Vice President Sanchez stated this item will be on the agenda for June 2, 1998.

8) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COLLABORATIVE EFFORTS WITH THE SAN FRANCISCO SCHOOL DISTRICT

Due to the lateness of the hour, the Commission continued this item to a future meeting.

9) PRESENTATION OF THE RECOMMENDATIONS FROM THE MAYOR'S BLUE RIBBON COMMITTEE FOR UNIVERSAL HEALTH CARE

Tangerine Brigham, Director of Policy and Planning, presented the report from the Mayor's Blue Ribbon Committee on Universal Health Care. See Attachment B.

President Monfredini acknowledged the excellent work of Ms. Brigham and how proud the Commission is of her work with the Mayor's Blue Ribbon task Force. President Monfredini, Vice President Sanchez, and Commissioners Guy and Parker attended this morning's Mayor's press Conference where Dr. Sandra Hernandez presented the Report for Universal Health Care.

Commissioners Guy, Barnes and Chow expressed concerns on the impact on the public safety net, the Department, and incentives for employers and small businesses.

Because of the importance of this subject and the need to have public comments on the report, President Monfredini continued this item to the June 2, 1998 Commission meeting. She encouraged Commissioners to call Ms. Brigham with questions.

Commissioner Chow requested the Department to present to the Commission the impact of the plan on the public safety net and related problems in carrying out the Department's mission.

Public Speaker: Frederick Hobson, SF Health Authority

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-98

SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF A DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION PROGRAM

WHEREAS, the Health Commission at its April 7, 1998 meeting expressed the desire to recognize Department staff for outstanding work; and,

WHEREAS, we all know recognition of a special effort can make someone feel appreciated and work harder; and,

WHEREAS, recognition of staff efforts can boost morale throughout the entire organization; and,

WHEREAS, research has shown that while incentives help motivate employees to achieve a specific goal, recognition of employees for a job well done is essential for long term success; and,

WHEREAS, this is a time of great change in the health care industry, and establishment of a formal recognition program would provide the opportunity to support staff at all levels of the organization for their good work; and,

WHEREAS, a recognition program would highlight the Department's goals and emphasize results; now, therefore, be it

RESOLVED, the San Francisco Health Commission supports the proposed Employee Recognition Program draft plan; and, be it

FURTHER RESOLVED, that the Commission directs the Director of Health to operationalize an Employee Recognition Program; and, be it

FURTHER RESOLVED, that using the criteria in the Employee Recognition Program, nominations will be reviewed on a monthly basis; and, be it

FURTHER RESOLVED, that employees will be selected to receive the Employee Recognition Award at the regularly scheduled Commission meeting the third Tuesday of every month.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 19, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

EXECUTIVE SUMMARY

An estimated 130,000 San Franciscans are uninsured. The uninsured have greater difficulty obtaining needed medical care and have lower health status. Despite growth in our local economy and nation-wide reductions in health premium increases in the past three to four years, the number of uninsured has not decreased.

In response to the 1996 San Francisco Health Summit, Mayor Brown appointed a Blue Ribbon Committee on Universal Health Care Coverage ("Committee"). The Committee began meeting in November 1996 to develop recommendations on how the City and County of San Francisco ("CCSF") might best pursue expanded health care coverage for the uninsured. The Committee included health care providers, insurers, consumers, employers, community-based organizations, labor and health advocates. The Committee established the following goals:

- to make health insurance affordable and available to all San Francisco residents,
- to define a standard, comprehensive benefits package for indigent care,
- to offer choice of providers and/or health plans and
- to promote preventive and primary care.

While these goals directly effect the uninsured, achieving them also benefit the entire San Francisco community. They further our efforts to ensure the health and welfare of all residents.

The Committee is recommending a program that makes health insurance more affordable by:

- enabling employers to participate in a purchasing pool that leverages their contributions for health care coverage and
- providing a subsidy for low-income workers and the indigent.

The estimated monthly health care premium is $139 per enrolled person - well within the industry standard.

The Mayor's Blue Ribbon Committee on Universal Health Care makes the following recommendations for expanding health care coverage to San Francisco's uninsured population:

What Should Be Created and Offered To Expand Coverage?

- Multi-Payor Purchasing Program: Create a purchasing program to expand health care coverage to the uninsured. The purchasing program would pool premiums from employers and members, and indigent care dollars from the CCSF. By pooling funds, purchasing programs are able to make health care premiums more affordable for small businesses. It would contract, on behalf of employers and individuals, with health plans to provide affordable preventive, outpatient and inpatient insurance coverage. While participation in the purchasing program would be entirely voluntary, the more employer participation in this program the better.

- Scope of Benefits: Adopt the following minimum benefits package:
  - preventive care,
  - primary and continuity care,
  - prescription drugs,
  - hospital care (inpatient and emergency room),
  - vision care for minors,
  - physical therapy,
  - home care,
  - skilled nursing care (60-day limit),
  - limited mental health (inpatient and outpatient) and
  - limited substance abuse (outpatient and inpatient detoxification).

  Employers who are either willing, able or required by memorandums for understanding to provide broader coverage can request that the purchasing program do so. This may include dental, vision and other benefits coverage.

Who Should Be Eligible For Enrollment?

- Eligible Population: Allow the following to be eligible for participation in the purchasing program:
    - *Employers*: Businesses are eligible to enroll their employees and dependents into the program. Small employers and self-employed individuals would also be eligible.
    - *Uninsured Working Adults*: Working uninsured will be eligible for enrollment either through their employer, or as an individual if their employer chooses not to participate.
    - *Uninsured Children above 200% of federal poverty level*: These children do not have access to publicly-supported health care. Most children under 200% of the federal poverty level are eligible for either Medi-Cal or Healthy Families and therefore will not be covered through this purchasing program. Children who are under 200% of the federal poverty level and are ineligible for publicly-supported health care could enroll in this program.
    - *Uninsured College Students*: Low-income college students will be eligible for the program.
    - *Uninsured Non-working Adults*: These individuals who have traditionally relied on a safety net system will be eligible for the purchasing program.

The Committee recognizes that, if necessary, these eligible populations may be prioritized for staggered enrollment into the purchasing program.

- CCSF Employees, Retirees and Dependents: Encourage the CCSF to be the first employer into the purchasing program. Inclusion of CCSF employees and retirees (along with their dependents) into the program will maximize purchasing leverage and will reduce administrative costs. The authority to purchase health benefits on behalf of these individuals would be transferred from the current CCSF Health Service System to this new purchasing program. No reduction is being proposed in the scope of benefits offered to CCSF employees, retirees and dependents.

- Additional Populations: Consider the purchasing program as a mechanism for buying health care for additional populations, such as other large employers and Medicaid beneficiaries. This would enable the purchasing program to capitalize on its increased size (i.e., number of members), to access another source of funding, to efficiently purchase health care through economies of scale and to support the extension of health care to low-income residents who are not CCSF employees.

- Residency Requirement: Consider establishing a waiting period (e.g., continuous six-month San Francisco residency) requirement for individuals to enroll in the purchasing program (those enrolling without employer sponsorship). Persons who work in San Francisco, but live elsewhere, may be enrolled in the program only if their employer participates. In those cases, the six-month residency requirement would not apply. This residency requirement does not refer to immigration status. Any documented or undocumented resident will be eligible for the program if they have resided in the CCSF for at least six months. Any enrollee who qualifies for a premium subsidy will be required to meet the residency requirement.

How Should This Purchasing Program Be Designed and Structured?

- Governance: Create a governing body to oversee implementation of the purchasing program. The purchasing program would be a non-profit, public benefit corporation.

- Financing:
  - Purchase coverage through a combination of employer premiums, member premiums and co-payments, and CCSF indigent care subsidies for low-income enrollees.
  - Means testing is proposed for members to appropriately target any CCSF premium subsidy. Only members with household income below 300% of the federal poverty level would be eligible for a CCSF subsidy. A person would

have to wait six (6) months to become eligible for the subsidy. No CCSF subsidy would be allowed for a person who works in San Francisco but lives in another county.

  - Tie the level of member premiums and co-payments to income. Non-working members would not be required to pay either a premium or a co-payment.
  - Use risk adjustment in developing appropriate rates for plans serving those with chronic illnesses or those at high risk of chronic illness.

- Contracting Credits: Adopt an ordinance which credits San Francisco businesses who are competing for CCSF contracts with bidding points for providing the proposed scope of benefits or comparable benefits to their employees.

This report does not attempt to outline any operational issues associated with implementation. However, the Committee recommends phasing-in this effort to allow the purchasing program's governing body the ability to study cost and enrollment issues before attempting to enroll all uninsured residents. It is also critical that an on-going evaluation of the program's effectiveness in increasing voluntary participation in the health insurance market be done. The following next steps are recommend to implement the proposed purchasing program:

- Pre-implementation Feasibility Study: Conduct a feasibility study which, at a minimum, should include a business plan, a marketing and sales plan, and additional actuarial analysis.

  In addition, the Committee believes that a survey of San Francisco small businesses with fewer than 30 employees should be undertaken in conjunction with insurance brokers. Such a survey can more definitively determine whether the low-income worker subsidy and the estimated premium rates will attract new employer and employee participation in the health insurance market.

- Design a Phased-In Implementation: The Committee believes that it is important to have both public and private employer participation. This is a fundamental tenet of the purchasing program's design. The governing body, once appointed, will need a capable, but small administrative structure to design a phased-in implementation. Developing a marketing strategy which assures both public and private participation is vital.

- Develop an Evaluation Component: Evaluation of the purchasing program must begin in the early phases of the program's design. Measurable objectives must be identified and should include, but are not limited to:
  - measuring the number of uninsured,
  - instituting quality of care measures,
  - developing member feedback and satisfaction measures,
  - using public health measures (e.g., immunization rates, mammogram rates, cancer screening, safe and healthy behaviors, and disease control) and
  - determining the impact of the program on various stakeholders in the health care industry, especially safety net providers (i.e., patient volume, case-mix and revenues should all be monitored).

  In addition to evaluating the purchasing program, on-going documentation of the project will be needed. Many other urban and/or regional areas will be very interested in the success (or failure) of this public-private effort. The media, academia, researchers and policy makers will be interested in the project and some should be involved in the evaluation.

The Committee believes that the CCSF's success in reducing the number of uninsured rests in a voluntary approach to health care coverage. Federal law prevents the CCSF from creating a mandatory program -- as designed, neither employers nor individuals will be required to enroll in the purchasing program. In addition, the Committee discourages a regulatory or punitive approach to expanding health insurance. Employer participation into the purchasing program will be voluntary. The proposed design and model of the program has the potential to significantly expand affordable coverage to employers who are not providing coverage. These employers will be incentivized to come into the purchasing program based on a CCSF subsidy for low-income workers and on affordable employer premiums. Nonetheless, the Committee strongly believes that the purchasing program must aggressively reach out to employers, working uninsured, college students and others to ensure that the program enrolls the maximum number of uninsured residents. Education, outreach and the use of insurance brokers are critical to the success of any voluntary health insurance programs.

This report contains thirteen (13) sections which are organized in the following manner. Sections I through III of the report introduce the reader to the uninsured problem. They provide background information on health insurance status, the health care delivery system and on financing care for the uninsured. In Sections IV and V, the Committee's objective, goals and guiding principles are presented along with a discussion of the various policy issues involved in extending health care coverage. Sections VI encompass the Committee's recommendations on the mechanism for expanding coverage, eligible population, scope of benefits and model of care. Section VII provides the estimated cost and proposed financing involved in expanding coverage.

Starting with Section VIII, the Committee provides its recommendations on a governance structure and Section IX discusses financial risk. Section X outlines the purchasing program's responsibilities to the CCSF. Section XI discusses the impact of expanding health care coverage to the uninsured on the safety net. Section XII provides information on the community forums and presentations held to discuss the proposed purchasing program. Finally, in Section XIII the Committee outlines the implementation issues involved in developing the purchasing program.

The Committee acknowledges the tremendous complexity of health care financing. We have benefited from months of analysis and deliberations. There are, of course, many stakeholders involved in any health care reform initiative. We believe that San Francisco has the needed policy leadership and commitment to pursue the goals outlined in this report. San Franciscans as a community will need to remain focused on the goal and have the courage to move forward despite the inevitable voices of cynicism and self-interest. San Francisco's insured currently enjoy the best health care delivery of almost any place in the world. Working together, the public and private sector have the ability and capacity to extend this care to everyone. We hope you will read this report with an eye toward what you can do to this end.

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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ublic Hearing

NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, May 19, 1998

Time Specific: 4:00 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

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Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following change on health care services of the community at St. Mary's Medical Center, 450 Stanyan, San Francisco, CA:

Closure of the Obstetrics Program at St. Mary's Medical Center.

Persons unable to attend this public hearing may submit written comments to the Health Commission, President Lee Ann Monfredini, 101 Grove Street, Room #311, San Francisco 94102.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

2/98

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AGENDA

HEALTH COMMISSION MEETING

June 2, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 19, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN-ASO** – Request for approval of retroactive managed care contract extension with the Regents of the University of California (UCSF) for the period of July 1, 1997 through October 31, 1997 and a retroactive new managed care contract with UCSF Stanford Healthcare for the period of November 1, 1997 through June 30, 1998 for tertiary care services for a combined amount not to exceed $1,700,000 for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.2) **PH-CHS-CSAS** – Request for approval of the first modification to the contract with Chemical Awareness and Treatment Services, Inc. (CATS) in the amount of $248,646 to continue the provision of Emergency Shelter Services for homeless people for the period of June 1, 1998 through June 30, 1998. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

(3.3) **PH-CHS-AIDS** - Request for retroactive approval of the majority of the FY 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I and Title II services with a combined total of $25,804,786 for the period of March 1, 1998 through February 28, 1999 for Title I and April 1, 1998 through March 31, 1999 for Title II, with the following contractors:

	AGENCY	AMOUNT
1.	AIDS Benefits Counselors.	$219,288
2.	AIDS Emergency Fund.	$562,392
3.	AIDS Legal Referral Panel.	$200,952
4.	American College of Traditional Chinese Medicine.	$276,827
5.	The ARK of Refuge.	$282,480
6.	Baker Places.	$1,256,373
7.	Bar Association of San Francisco.	$77,868
8.	Bayview Hunters Point Foundation.	$91,925
9.	Black Coalition on AIDS.	$373,912
10.	Catholic Charities.	$810,370
11.	Chemical Awareness & Treatment Services, Inc.	$544,539
12.	Continuum HIV Day Services.	$253,942
13.	Continuum HIV Day Services – Tenderloin HIV Services.	$341,171
14.	CPMC/Visiting Nurses and Hospice.	$1,309,575
15.	Family Support Services of the Bay Area.	$207,555
16.	GAPA Community HIV Project/API Wellness Center.	$150,000
17.	Golden Gate Community/Bridge for Kids.	$92,676
18.	Haight Ashbury Free Medical Clinics, Inc.	$582,572
19.	Immune Enhancement Project.	$223,668
20.	Iris Center.	$173,755
21.	Larkin Street Youth Center.	$550,448
22.	Legal Services for Children.	$190,915
23.	Lutheran Social Services.	$608,472
24.	Marin County.	$1,496,112
25.	Mission Neighborhood Health Center.	$33,624
26.	New Leaf.	$161,926
27.	Project Open Hand.	$1,279,253
28.	Quan Yin Healing Arts Center.	$127,327
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31.	SFDPH Community Substance Abuse Services.	$250,000
32.	SFDPH Community Health Network (CHN) Case Management.	$197,325
33.	SFDPH Community Health Network (CHN) Primary Care.	$2,411,897
34.	SFDPH Community Health Network (CHN) Laboratory	$67,999
35.	SFDPH CHN Forensics Services.	$317,752

AGENCY	AMOUNT
36. SFDPH CHN San Francisco General Hospital.	$1,904,504
37. San Francisco Food Bank.	$90,878
38. San Francisco Suicide Prevention.	$107,784
39. San Mateo County.	$2,268,610
40. Shanti Project.	$81,871
41. The Support Center.	$430,000
42. UCSF/AIDS Health Project.	$328,620
43. UCSF/Pediatric AIDS Program.	$170,945
44. UCSF/Substance Abuse Services.	$646,942
45. UCSF/Women's Specialty Clinic.	$222,000
46. Walden House.	$1,775,685
47. Westside Community Mental Health Clinic.	$252,033

4) **DIRECTOR'S REPORT**
(Provides information on activities and operations of the Department)
(Mitchell H. Katz, M.D., Director of Health)

5) **CONSIDERATION OF REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL CREDENTIALING PROCEDURE MANUAL OF THE MEDICAL STAFF BYLAWS**

6) **TIME SPECIFIC: 3:30 P.M.**

CONTINUATION OF PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES OF THE COMMUNITY AT ST. MARY'S MEDICAL CENTER, 450 STANYAN, SAN FRANCISCO, CA:

CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY'S MEDICAL CENTER

7) **TIME SPECIFIC: 4:00 P.M.**

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE ACQUISITION OF DAVIES MEDICAL CENTER (DMC) BY CALIFORNIA PACIFIC MEDICAL CENTER (CPMC), WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

8) **PUBLIC HEARING AND CONSIDERATION OF A RESOLUTION ON THE MAYOR'S BLUE RIBBON COMMITTEE REPORT FOR UNIVERSAL HEALTH CARE**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
Commissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

ADDENDUM

Called 6/1/98 to Health Commission Meeting

TO AGENDA

OF THE BUDGET COMMITTEE

HEALTH COMMISSION MEETING

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Tuesday, June 2, 1998
2:30 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

The following item is to be added to the Budget Committee Agenda at the above meeting:

(3.4) **CHN** - Request for retroactive approval of contract modification with Asereth Medical Services in the amount of $2,670,000 for the provision of temporary pharmacy personnel for the period of February 1, 1998 through January 31, 2000 for a total contract amount of $3,000,000.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
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Ron Hill
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HEALTH COMMISSION

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2/98

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 2, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 19, 1998

Action Taken: The Commission unanimously adopted the minutes of May 19, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN-ASO** – Request for approval of retroactive managed care contract extension with the Regents of the University of California (UCSF) for the period of July 1, 1997 through October 31, 1997 and a retroactive new managed care contract with UCSF Stanford Healthcare for the period of November 1, 1997 through June 30, 1998 for tertiary care services for a combined amount not to exceed $1,700,000 for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

This item was separated into two areas:

1) Retroactive managed care contract extension with the Regents of the University of California for the period 6/-1/97 through 10/31/97.

Commissioner Sanchez abstained on this item due to conflict of interest.

2) Retroactive new managed care contract with UCSF Stanford Healthcare for the period of 11/01/97 through 6/30/98 for tertiary care services for a combined amount not to exceed $1,700,000 for the period of 7/01/97 through 6/30/98.

Commissioner Barnes requested at the July 7, 1998 Budget Committee meeting an updated compliance plan for the Commission policies on Board and staff composition.

(3.2) **PH-CHS-CSAS** – Request for approval of the first modification to the contract with Chemical Awareness and Treatment Services, Inc. (CATS) in the amount of $248,646 to continue the provision of Emergency Shelter Services for homeless people for the period of June 1, 1998 through June 30, 1998. (DPH contracted with CATS for services totaling $2,566,823 during FY 1996-97).

(3.3) **PH-CHS-AIDS** - Request for retroactive approval of the majority of the FY 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I and Title II services with a combined total of $25,804,786 for the period of March 1, 1998 through February 28, 1999 for Title I and April 1, 1998 through March 31, 1999 for Title II, with the following contractors:

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3.	**AIDS Legal Referral Panel**	200,952
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45. **UCSF/Women's Specialty Clinic**	222,000
46. **Walden House**	1,775,685
47. **Westside Community Mental Health Clinic**	252,033

Commissioner Hill expressed concern on the AIDS Benefits Counselors agency regarding administration and finances. He requested the Department to monitor the agency on these issues and a written report be submitted to the Commission.

Commissioner Barnes requested another monitoring report on Ward 86 within two weeks, with the report being submitted to the Commission.

Commissioner Sanchez abstained on UCSF contracts.

(3.4) **CHN** - Request for retroactive approval of contract modification with Asereth Medical Services in the amount of $1,595,000 for the provision of temporary pharmacy personnel for the period of February 1, 1998 through June 30, 1999, for a total contract amount of $1,760,000.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on UCSF CARE contracts in #3.4, and Commissioner Monfredini abstaining on the CPMC/VNA Care contract in #3.4.

4) DIRECTOR'S REPORT

(Provides information on activities and operations of the Department)
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

FY 98-99 Budget

Yesterday, the Mayor delivered his budget to the Board of Supervisors. Programs and initiatives funded by the Department of Public Health continue to be a priority of the Mayor. The Mayor's health priorities include substance abuse, mental health, housing, AIDS/HIV services and services for children.

The Mayor's recommended budget for FY 1998-99 for the Department of Public Health totals $709.3 million, excluding Grant Funds. This is an increase of $38.9 million. The budget includes $181.6 million in General Funds. This is an increase of $28.8 million in new General Funds for the Department of Public Health.

The Mayor's budget includes:

	FY 1998-99 Budget	General Fund
FY 1997-98	$ 670,397,514	$ 152,766,912
Baseline Increases (annualizations, technical adjustments)	6,500,000	6,500,000
Labor MOU's	7,800,000	7,800,000
New Initiatives - General Fund	9,607,569	9,607,569
New Initiatives - Revenue Generating	8,604,900	
Capital / Facilities Maintenance	6,437,000	4,942,000
Subtotal	38,949,469	28,849,569
Total FY 1998-99 Mayor Recommended	709,346,983	181,616,481

New Initiatives for FY 1998-99 include:

Substance Abuse	**$ 2,000,000**
Mental Health	1,000,000
Direct Access to Housing	1,000,000
Mission Rock Shelter	3,240,000
AIDS/HIV Services	700,000
Bayview Hunters Point Health Initiatives	250,000
Reductions in Pharmaceutical Expense	(383,000)
Medi-Cal 1115 Waiver Planning	120,000
Rodent Control	100,000
Complex Med/Psych/Gero – LHH	657,000
Contractor Cost of Living Increases	2,400,000
Reductions in Fringe Benefits	(1,000,000)
Subtotal - General Fund	9,607,569
New Initiatives - Revenue Generating	**$ 8,604,900**
Total New Initiatives	**$ 18,212,469**

Compassionate Use of Medical Marijuana

There have been several recent developments on the compassionate use of marijuana (Proposition 215). This Commission has previously supported the responsible implementation of Proposition 215. The Commission has supported the Health Department promulgating standards for the distribution of marijuana at cannabis clubs in San Francisco. In addition, the Commission has supported individual Department of Public Health physicians recommending marijuana to their patients for appropriate indications.

Last Monday, the Cannabis Cultivators Club of San Francisco on Market Street was closed pursuant to a court order. The court order concluded that the operation of the Cannabis Cultivators Club was in violation of federal law. However, the court did not rule on whether or not Proposition 215 was constitutional. The court order does not affect the possession of marijuana by a seriously ill patient for the patient's personal use upon physician's recommendation.

In light of the closure of the Cannabis Cultivators Club, City leaders including the Mayor, the District Attorney, the City Attorney and Supervisors Ammiano and Leno, along with myself, have met to discuss available options. The goal is to determine a mechanism by which the City can ensure that residents who need marijuana can have access to it. Such a mechanism would have to be consistent with existing law. A Board resolution has been introduced requesting that pertinent City agencies implement a program to ensure access to medical marijuana as provided by Proposition 215. I will keep the Commission apprised of new developments on this issue.

PUBLIC HEALTH

Prevention

Nearly one hundred people from the Department of Public Health and the University of California, San Francisco, participated in a half-day retreat last Friday to discuss ways in which the Department and the University can collaborate on research to support prevention initiatives. Following an overview of population health data presented by Tomas Aragon, M.D., participants broke out into a series of small groups organized around risk factors associated with morbidity and mortality. The sessions explored territory for possible collaboration and there was a strong sentiment to continue the efforts to create specific joint research projects. A Steering Committee was proposed to structure future activities and to more clearly define the nature of the collaboration. It was an exciting step forward in combining the resources of the Health Department and the University to focus on population health issues.

Illegal Disposal Site – Yosemite Avenue

Environmental Health staff, in cooperation with the City Attorney's Office, was recently awarded an injunction and a judgement for civil penalties of $3.6 million against the property owner of 1301 Yosemite Avenue. The judgement is based upon recovery of costs associated with the City's enforcement efforts, attorney fees, and civil penalties for violations of the Public Resources Code and the Business and Professions Code.

Last August, Environmental Health, through the City Attorney's Office, filed a complaint in Superior Court against the property owner for creating a public health and environmental hazard on the property. Specifically, a non-permitted construction and debris box company deposited significant amounts of solid and hazardous waste illegally on the property.

The court has ordered the property owner to properly remove all of the accumulated solid waste from the 1.5-acre parcel within 24 days. Failure to comply will result in the City and the California Integrated Waste Management Board to enter the site to take enforcement action. A $300,000 State grant is available to the City to initiate clean up, should that become necessary.

Concurrently, the City is pursuing the operator and partner of the illegal debris box company. The Courts issued a compliance order in April and a trial date is set for August, should that be necessary.

The importance of this case is that it sends a strong message to illegal dumpers that degradation of the environment will not be tolerated, and strong enforcement will be sought for responsible parties.

COMMUNITY HEALTH NETWORK

Status of Laguna Honda's Annual Licensing and Certification Survey

The Administrative staff of Laguna Honda has been engaged in a dialogue about the State Licensing and Certification annual survey and the Hospital's plan of correction since May 12th. The Licensing and Certification staff has made two requests for additional information regarding program enhancements and facility issues in response to the State's allegation of substandard care. The Hospital's plan of correction may have some effect on the future census level at Laguna Honda.

The Hospital submitted the additional information requested by Licensing and Certification on June 1st and is expecting a follow-up survey in the very near future. I will keep the Commission apprised of the State's response to the plan of correction.

Follow-up on the Department of Justice (DOJ) Findings Letter on Laguna Honda

Mr. Wagner and other representatives from the CHN and the City Attorney's Office are planning a meeting with DOJ staff in early June to initiate discussions regarding the Findings Letter received May 6th. This meeting will be the first of what we expect will be many sessions with the DOJ.

Commissioner Chow reiterated his support for patients having access to marijuana as prescribed by a physician.

Commissioner Guy requested updates on the marijuana issue because it is difficult to sort out the accuracy of the information in the press. She also would like the Department to monitor the reductions in pharmacy funding and fringe benefits.

President Monfredini would like monitoring updates on the illegal disposal site at 1301 Yosemite Avenue.

5) CONSIDERATION OF REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL CREDENTIALING PROCEDURE MANUAL OF THE MEDICAL STAFF BYLAWS

Dr. Robert Mackersie, Chief of Staff, presented revisions to the SFGH Credentialing Procedure Manual.

Action Taken: The Commission unanimously approved the proposed revisions to the SFGH Credentialing Procedure Manual of the Medical Staff Bylaws.

6) TIME SPECIFIC: 3:30 P.M.

CONTINUATION OF PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGE OF HEALTH CARE SERVICES OF THE COMMUNITY AT ST. MARY'S MEDICAL CENTER, 450 STANYAN, SAN FRANCISCO, CA:

CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY'S MEDICAL CENTER

President Monfredini stated that today's hearing is a continuance from May 19, 1998 and that at the June 16, 1998 Commission meeting, a determination will be made.

Representatives present from Catholic Healthcare West and St. Mary's Medical Center were Wade Rose, Rosemary Fox, and Daniel Ostrow. Mr. Rose stated that John Williams, CEO/President of Catholic Healthcare, West Bay area Region, was scheduled to be present but was called to another meeting. The Commission had been provided with an extensive report outlining the process used in reaching the decision to close the Obstetrics Inpatient Unit at St. Mary's Medical Center, a patient plan, a communication plan, an employee plan, and a financial summary.

Commissioners' Comments and Concerns:

- Clarification on the definition of casual staff
- Impact on training programs
- Letter to patients being available in other languages
- Need for a plan for non-English speaking patients who may have not been informed of the closure
- Transportation be available for patients referred to other OB facilities

President Monfredini thanked the representatives for a thorough report. At the June 16, 1998 meeting, the Commission will consider a resolution determining whether the closure of the OB Inpatient Unit will or will not have a detrimental impact on the health care service of the community.

7) **TIME SPECIFIC: 4:00 P.M.**

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE ACQUISITION OF DAVIES MEDICAL CENTER (DMC) BY CALIFORNIA PACIFIC MEDICAL CENTER (CPMC), WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY (HEALTH CARE PLANNING ORDINANCE, PROPOSITION Q)

Vice President Sanchez provided a chronological background of the Proposition Q hearings for this issue from the May 5, May 19 and today's meetings. He reviewed the Commission's procedures and responsibilities for the Proposition Q hearing. Commissioner Sanchez emphasized the importance of the purpose of the Prop Q hearings being to notify and provide information to the public in order to give the public an opportunity to comment on any impact on the health care service of the community. Additionally, he summarized the various documents requested by the Commission from CPMC, DMC, and Sutter Health. For today's hearing, the following documents were requested by Vice President Sanchez:

- *Articles of Incorporation of Sutter Health*, filed with the California Secretary of State's Office. The Articles show that Sutter Health is incorporated as a nonprofit, public benefit corporation.

- *Bylaws of Sutter Health.* The Bylaws contain standard information regarding the organization and governance of the corporation, (e.g., board meetings, committee structure and purposed, etc.)

- *Board of Directors Roster for Sutter Health.* At least eight out of twelve of the Directors at-Large must be on the Boards of the local affiliates, and at least one Director always must be a representative of San Francisco, Marin and Sam Mateo Counties.

- *Organizational Chart* showing the relationships among the Sutter Health Board and Management. The System Leadership Council has two representatives from CPMC. CPMC has additional representation on the Clinical Leadership Council.

Commissioners' Concerns:

- CPMC's commitment to rehab and SNF beds
- Is the CPMC CEO position accountable to the CPMC Board or the Sutter Health Board?
- Governance authority over services
- Long-term care commitment for the future
- Financial documents not provided
- Documents received today instead of with the Commission packet
- Review of the documents generated more questions

Dr. Martin Brotman, President/CEO of CPMC, stated that he would be happy to make a future presentation of the growth plans for CPMC and a status report on the maintenance of the DMC services.

Public Speaker: John Borsos, Local 250

Commissioner Chow commented that in making a determination, the Commission's support would be contingent on the maintenance of the services currently provided by DMC and the maintenance of local governance through CPMC. Commissioner Chow proposed the Commission consider a resolution determining the acquisition will not be detrimental to the health care service of the community.

Commissioner Barnes stated given the fact that more documents were submitted today, she needed more time to study them; and she needed more financial information. She could not make a determination until there is more clarity on the affiliation agreement between DMC and CPMC and more financial information on the acquisition.

Commissioner Sanchez stated that the CPMC CEO would be held responsible to notify the Commission on any future Prop Q requirements. Commissioner Sanchez felt at this point in time, the proposed resolution would be the best compromise.

Commissioner Guy commented that although the documents presented today should have been submitted earlier, the service components at DMC will be continued and enhanced. CPMC should also look at the issue of its level of charity care. She feels that progress has been made in working in a managed care arena.

Action Taken: The Commission (Chow, Guy, Hill, Sanchez, Parker) adopted Resolution #22-98, "Determining Whether the Acquisition of Davies Medical Center (DMC) by California Pacific Medical Center (CPMC, Will or Will Not Have a Detrimental Impact on Health Care Service of the Community", (Attachment A).

Commissioner Barnes voted no.

8) PUBLIC HEARING AND CONSIDERATION OF A RESOLUTION ON THE MAYOR'S BLUE RIBBON COMMITTEE REPORT FOR UNIVERSAL HEALTH CARE

Due to the lateness of the hour, President Monfredini proposed this item be continued to June 16, 1998, but listen to public testimony.

Public Speakers: Kirk Willett, Mid-Peninsula Hospice
John Borsos, Local 250

At the request of the Commission, Dr. Katz reviewed the potential impact of the Universal Health Care Plan on the public safety net, (Attachment B).

Commissioner Chow, who will be in Boston on June 16th, expressed his support for the proposed resolution, Supporting the Recommendations of the Mayor's Blue Ribbon Committee on Universal Health Care, (Attachment C).

Commissioner Guy commented on the need for more discussion on the governance issue and other services.

Commissioner Barnes emphasized the need for prudent attention to the safety net. She expressed concern on the proposed governance and the need for a lot of education to populations who may not voluntarily sign up for health insurance. She also pointed out the need to learn from our experiences with the San Francisco Health Plan.

By consensus, the Commission will continue this public hearing to June 16, 1998 and will then consider the proposed resolution.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-98

DETERMINING WHETHER THE ACQUISITION OF DAVIES MEDICAL CENTER (DMC) BY CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, CPMC is an academic medical center that provides primary care, acute and critical care, obstetrics, and tertiary care programs including transplantation, cardiac care and surgery, neurosurgery, neonatology, geriatrics, and complementary medicine through its Institute for Health and Healing; and,

WHEREAS, CPMC's plans for the transaction will maintain DMC's programs and services; including maintaining DMC's Emergency Department, Acute Medical/Surgical Unit, Ambulatory Surgery Unit, Critical Care Unit; and expand and develop DMC's Acute Rehabilitation Unit, Inpatient Psychiatry Department, Microsurgery Department, and Skilled Nursing Facility; and,

WHEREAS, the transaction plan focuses on a strategy that will ensure the continuation of the provision of high quality health care to the community, with no disruption of care to patients; and,

WHEREAS, patient and neighborhood representatives submitted letters or provided testimony in support of this acquisition; and,

WHEREAS, in accordance with the Health Care Planning Ordinance, the Health Commission held two public hearings on May 5, 1998 and May 19, 1998; now, therefore, be it

RESOLVED, that the Health Commission determines that the acquisition of DMC by CPMC will not have a detrimental impact on health care service of the community; and, be it

FURTHER RESOLVED, that the Health Commission's support is contingent on the maintenance of the services currently provided by DMC and the maintenance of local control (i.e., governance) through CPMC.

I hereby certify that the Health Commission at its meeting of Tuesday, June 2, 1998 adopted the foregoing resolution.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

POTENTIAL IMPACT ON PUBLIC SECTOR SAFETY NET

San Francisco's traditional safety net for health care consists primarily of the Department of Public Health's Community Health Network (CHN) and the nonprofit community-based consortium clinics. In addition, several other clinics and hospitals contribute important charity care. The City's safety net system is a comprehensive, integrated system of care that has historically provided care for the City's ethnically and culturally diverse medically indigent and uninsured residents. CHN serves San Francisco through its multiple missions as medical provider, educator, researcher, employer, and community partner.

Of the estimated 130,000 uninsured residents, the CHN serves approximately 71,000 or 54% of this population. The CHN is a vital provider of health services to uninsured residents of San Francisco and the CHN safety net has been the major provider for uninsured African-Americans and children. Many of the uninsured children served by the CHN are believed to be undocumented.

Within the CHN uninsured patient population, service utilization and costs for caring for these individuals does not resemble the commercial experience of caring for working individuals. The following chart shows that non-working adults are more likely to be homeless and have a higher use of services than CHN insured patients. This remains true when compared to general population projections for commercially insured individuals (4 visits per year, 200 acute days per 1,000 plan enrollees). At least 17,000 working uninsured patients received care last year within the CHN (see chart). It's estimated that 40,000 of all CHN adult uninsured are employed. The working uninsured patient population of the CHN more closely reflects the utilization rate of the commercially insured individuals.

Fiscal Year 1996-1997 Utilization	All CHN Insured*	CHN Adult Working Uninsured	CHN Adult Non-Working Uninsured	CHN Adult Uninsured Work Status Not Collected COPC Patients	Estimate of Adult Uninsured
Patients	70,320	17,261	12,945	39,537	117,000
Est. Homeless	4%	3%	20%	13%	
Primary Care Pt.	51%	21%	25%	63%	
ED Utilization	24%	57%	58%	32%	
Specialty Clinic	2	51%	60%	17%	
Avg. No. Visits/Pt.	9.2	8.1	10.1	8.4	
Avg. Acute Dschg/ Discharge Days	0.2 dschg 1.3 days	0.1 dschg 0.5 days	0.2 dschg 1.4 days	0.1 dschg 0.5 days	
Assumed cost or cap pm/pm					$139 pm/pm

The Committee report contains a section on public sector safety net issues because of the Committee's strong belief that a safety net system is needed even with the implementation of this purchasing program. The Committee indicated that the safety net was a critical component in the City's efforts to care for all residents and cited the following reasons for ensuring that a viable safety net be continued:

- due to the voluntary nature of the purchasing program some people will continue to be uninsured,
- the safety net can provide supplemental services to those with special needs or those within the purchasing program who have exhausted their benefits,
- the safety net provides a set of unique services that are not provided in the private sector and
- patients will need to access carved out services (e.g., mental health, substance abuse treatment).

While the Committee's report identified the current level of indigent care funding supporting the uninsured (approximately $91 million excluding mental health and forensic care funding), it specifically noted that all of these funds may not be available for the purchasing program. The Committee assumed that a certain level of indigent care funding will still be needed for the safety net system to care for individuals: (1) who are not enrolled in the purchasing program, (2) who are enrolled in the purchasing program, but need to access supplemental services from the safety net or (3) who must access carved-out services.

The Department and its affiliated partner, the University of California, San Francisco, fully support the goals of expanded access to care as proposed by Mayor Brown and his appointed Blue Ribbon Committee on Universal Health Care Coverage. A great strength of the Committee's recommendation is its potential to leverage private employer premiums into a pool of dollars available for caring for uninsured residents. However, crucial questions remain regarding what impact implementation of the Committee's recommendations will have on the Community Health Network. There is concern that if the purchasing program guarantees choice, healthier patients will be siphoned off from the Community Health Network. If this occurs, then the safety net will be left with the sicker patients. Sicker patients generally translate into higher health care utilization. Higher utilization can make it exceedingly difficult for safety net providers to meet all of their costs with limited revenues. In addition, a fundamental issue for the City and the Department will be how much indigent care funding will be allocated to the Department for providing health care services and maintaining its delivery system versus how much general fund will be spent towards developing the program.

There are three major ways that the Committee's recommendations could impact the Department:

- number of patients and utilization,
- level of revenue and
- adequacy of case mix.

Number of Patients and Utilization

The implementation of the Committee's recommendations could result in increases or decreases in the number patients seen at the Community Health Network. The CHN estimates that it needs to care for 100,000 individuals annually (either in an outpatient or inpatient setting) to maintain its viability. Last year 110,000 people received care at the CHN; however, the CHN was not only provider of care to all of these individuals, some of them received services from other providers in the City.

Increases in the number of patients and/or patient volume could occur as a result of increased demand for services from persons who previously were uninsured and were going without health care. In addition, some of the newly insured residents would likely choose the CHN providing the Department with a source of reimbursement for patients we care for.

However, since the CHN would be only one of several providers individuals would choose from, decreases in either the number of patients and/or patient volume are a more likely scenario for the safety-net providers. Currently, uninsured persons in San Francisco have few choices of where to seek care. Only safety net providers are able to offer free or very low cost care. Under an expanded health care coverage program, currently uninsured persons would have a choice of a number of plans. While we believe that safety net providers can successfully compete for patients given our many strengths (e.g. patient loyalty, language capabilities, cultural competency, interdisciplinary teams, public health focus, add-on services) some erosion of our patient care base is inevitable.

Loss of patient volume is particularly problematic for the CHN for several reasons. First, the CHN like any large institution has certain fixed costs. Thus, we could not make up for decreasing revenue by decreasing expenses in a one-to-one fashion. In other words, while we can adjust staffing levels within certain parameters, the fixed costs (physical plant, MIS functions, security) cannot necessarily be decreased if the volume decreases -- increasing the cost of unit per service.

Beyond the fixed costs, certain CHN programs require a sufficient volume in order to be successful. Serious traumatic injury occurs suddenly and requires immediate and expert medical care in order to prevent death or disability. For example, the City's trauma center at San Francisco General Hospital (SFGH) is the only Level 1 Trauma Center in San Francisco. It is staffed with highly skilled individuals trained in many specialty areas who provide immediate definitive surgical treatment 24-hrs a day every day a year. Most hospitals are inadequately staffed to properly care for major trauma.

Each officially designated Trauma Center in California is mandated by Title XXII to meet trauma criteria. Level 1 is the highest designation available and signifies an institution that:

- cares for high volume (at least 1,000 per year) of seriously injured patients,
- provides in-house surgical staff and all necessary specialists who are immediately available,
- provides training and education for health professionals in trauma care and
- maintains a program for trauma research.

The Committee's report indicates that SFGH's Level 1 trauma services will still be needed after this purchasing program is implemented. SFGH will remain a Level 1

Trauma Center and will continue to receive a high volume of seriously injured patients. However, if there are decreases in volume for other patients, then it may become more expensive to maintain some of the necessary surgical and specialty staff.

Beyond specialty services like the Trauma Center, decreases in volume could result in the CHN having to close certain facilities to decrease expenses. Since the voluntary nature of the program means that there may not be true universal coverage, closure of CHN facilities would likely decrease access for services for those who remain uninsured.

Level of Revenue
The Committee's recommendations could result in increases or decreases in revenue to the CHN. The CHN's $544 million budget comes from a combination of patient revenues and $135 million in indigent care funding.

Increases in revenue could occur as a result of increased volume in the number of insured patients. One of the strengths of the Committee's vision is that employers would contribute premiums for their workers. This has the result of bringing new money into our system. If a portion of the uninsured persons who currently receive services from the CHN are enrolled into a purchasing program through their employer, the employer's contribution will help support the cost of their health coverage. Further, if patients who are not currently receiving care at the CHN have employers who buy into the purchasing program, and these patients choose the CHN as their provider, the CHN would experience an increase in insured clients.

However, it is also possible that the Committee's recommendations could result in decreases in revenue to the CHN. Since a portion of the funding for this purchasing program is anticipated to come from dollars that are currently allocated to the CHN (San Francisco General Hospital and the Community Oriented Primary Care clinics), the movement of patients from CHN facilities to non-CHN facilities could decrease revenues at the CHN if patients currently receiving car from the CHN choose other providers.

A decrease in revenue can also result from the administrative expenses of the program. It is currently envisioned that approximately 15% of the budget of the purchasing program will go towards administrative expenses. In addition, there is an administrative overhead at the health plan level that must also be factored in and could result in a further reduction in the level of capitation going to providers. It is conceivable that the budgeted 15% administrative amount is optimistic given recent experiences with the San Francisco Health Authority. The San Francisco Health Authority currently spends between 11% to 12% on administrative expenses. Unlike the health care purchasing alliance, the Health Care Authority does not currently have to pay for broker fees, nor does it have to perform complicated eligibility means testing of clients. Under the purchasing program envisioned by the Committee, enrollment would be necessarily more complex. The plan includes a residency requirement, as well as a means tested income requirement. Eligibility workers would need to work with both employers and employees to determine the actual premiums to be paid. The purchasing program would also have to link three sources of revenue for each employed life enrolled: the employer's contributions, the employee's contribution, and the City's subsidy. For those persons who are unemployed, the purchasing program would have to link two sources of revenue: the resident's and the City's subsidy.

Assuming that the 15% is the actual administrative cost, any health plan that the CHN is a provider in would lose 15% of every premium dollar. We are concerned that withholding 15% of new enrollee premium for each existing CHN patient who enrolls in the purchasing program results in fewer dollars to care.

Decreased revenue could also occur because the managed competition model of the purchasing plan results in the CHN having to accept a lower per member per month price than reflected in its current expenses. This would further expand the deficit between the CHN's expenses and our revenues, even assuming that the patient enrollment stays the same.

Adequacy of Case Mix

In general, the safety net providers tend to care for a sicker group of patients with more complex, social and psychological needs. The cost of providing care to this patient population is greater than the cost of providing care to commercial populations. One likely scenario of the implementation of the purchasing program in San Francisco would be that safety net patients are likely to stay with the CHN and that these patients would be the most medically and psycho-socially complex and with greater health care costs.

Those patients who are currently forgoing care or are receiving care elsewhere are more likely to choose providers other than safety net providers for their care. Wisely, the Committee has recognized this and the recommendations call for case mix adjustments. However, it is not always straight forward to perform case mix adjustment for complicated variables such as concomitant mental health or substance abuse issues. Most forms of case mix adjustment use age, sex and/or specific medical illnesses such as HIV/AIDS. A retrospective case mix adjustment might deal with this issue. However, the administrative cost for doing such a case mix adjustment may be sizable.

Beyond the three articulated ways that the recommendations could impact the safety net, there are two other important ways that the Blue Ribbon Committee's recommendations may inadvertently have an adverse impact on the health of San Francisco residents: (1) impact on the coordinated system of care and (2) impact on the public health approach to health care.

- Impact on the Coordinated System of Care – The Committee's benefit package proposes a standard health benefit package that limits patients to 20 mental health visits and 60 long term care days. The assumption is that patients needing care beyond this benefit package would be transferred to the CHN safety net for additional services.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO.____________________

DRAFT

SUPPORTING THE RECOMMENDATIONS OF THE MAYOR'S BLUE RIBBON COMMITTEE ON UNIVERSAL HEALTH CARE

WHEREAS, the Health Commission has reviewed the final report of the Mayor's Blue Ribbon Committee on Universal Health Care entitled, "Achieving Health Insurance for San Francisco's Uninsured", and strongly supports the City's effort to expand health care coverage to an estimated 130,000 uninsured residents; and,

WHEREAS, the Health Commission supports consumer choice with respect to either health plans and/or providers; and,

WHEREAS, the Health Commission applauds the Committee's proposal to create a private-public purchasing program that will make health insurance more affordable by: (1) enabling small employers to participate in a purchasing pool that leverages their contributions for health care coverage, and (2) providing subsidies for low-income workers and the indigent; and,

WHEREAS, the voluntary nature of the purchasing program necessitates the existence of a stable and viable safety net to care for individuals not enrolled in the program; and,

WHEREAS, the Health Commission has reviewed the section of the final report which discusses public sector safety net issues, and agrees with the Committee that a safety net system will continue to be needed irrespective of the implementation of the purchasing program; and,

WHEREAS, the Department has identified three areas in which implementation of this purchasing program could impact the safety net and these are in the areas of: (1) number of patients and patient volume utilization, (2) level of revenues, and (3) patient case mix; and,

WHEREAS, the Health Commission believes that to ensure viability of the safety net while this program is being developed, particular attention should be made to monitoring patient volume, acuity, cost per unit of service, and effectiveness of capitation rates to address adverse patient case mix within the Community Health Network; and,

WHEREAS, the Health Commission believes that potential harm to the Community Health Network can be mitigated through: (1) creating financial incentives to encourage health plans to include safety net providers in their networks, (2) adjusting rates prospectively to account for "high utilizers," (3) enabling the Department to eliminate co-payments, if appropriate, and (4) allowing the Department to provide supplemental services that are not provided by other networks; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO.________________________

WHEREAS, in order for the Community Health Network to be a viable alternative in the San Francisco health care market, it must be seen as a provider of first choice, and not solely a provider of last resort; and,

WHEREAS, in order to ensure that the Community Health Network is a provider of first choice, the City should allocate sufficient funds to enable the Department of Public Health to appropriately market its personal health care services, and to fund needed capital and infrastructure to attract patients; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission hereby supports the recommendations of the Mayor's Blue Ribbon Committee on Universal Health Care.

e Ann Monfredini
resident

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

6/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

June 16, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 2, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH –** Request for approval of Department's Annual Report of Memberships in professional organizations for FY 1997-98, and approval of a resolution to the Board of Supervisors amending the Administrative Code to add organizations to the Department's FY 1998-99 list.

(3.2) **GR 98-8-PH-CH&S-IMMUNIZATION –** Request for approval to accept and expend a new grant in the amount of $523,318 from the California Department of Health Services to provide immunization-related services for the period of July 1, 1998 to June 30, 1999, and sole source approval for six new contracts: Northeast Medical Services in the amount of $39,916 Mission Neighborhood Health Center in the amount of $51,932; San Francisco Health Plan in the amount of $18,327; San Francisco Medical Society in the amount of $31,791; St. Luke's Health Care Center in the amount of $ 21,000; and San Francisco Community Clinic Consortium in the amount of $53,849, for the same time period.

(3.3) **PH-MIS –** Request for approval of combined retroactive sole source in the amount of $483,435 for custom programming services for MIS' INSYST and SMS/EAD systems for the period of January 1, 1998 through June 30, 1999, and retroactive contract renewal with United Behavioral

Health Services (UBH) in the total amount of $1,731,331 to continue maintenance of the Department's INSYST system, to procure system/licensing for the Department's new cCura3 Managed Care System and to procure custom programming services to interface the Public Health Division's INSYST and SMS/EAD systems with all department (PHD/CHN) systems for client/services tracking for the period of July 1, 1997 through June 30, 2000.

(3.4) **PH-BEHM** - Request for approval of contract modification with the Industrial Emergency Council in the amount of $72,550 for the provision of hazardous materials and confined space rescue training for the period of July 1, 1998 through December 31, 1998. Total amount of contract, including this modification, is $164,550 for the period of January 1, 1998 through December 31, 1998.

(3.5) **PH-CHP&P-AIDS Office** – Request for retroactive renewal contract with the University of California San Francisco Urban Health Study (UCSF), in the amount of $538,970 to provide community-based HIV prevention, counseling and testing services to injection drug users, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

(3.6) **CHN-SFGH** – Request for contract renewal with Richmond Area Multi-Services, Inc. (RAMS), in the amount of $2,039,150 per year to provide partial hospitalization services for the period of July 1, 1998 through June 30, 2000. (DPH contracts with RAMS for services totaling $4,013,809 during FY 1996-97).

(3.7) **CHN-SFGH** – Request for approval of new contract with Agostini Nurse Staffing, Groves Nurses Registry, HRN Services, Net Healthcare, Nurse Providers, The Registry Network, Sunrise Nurses, Professional Recruiters, TherAmerica and United Nursing International for the provision of supplemental nurse staffing for a combined amount not to exceed $1,600,000 per year for the period of July 1, 1998 through June 30, 2000, and a sole source and new contract with The Registry Network for the provision of supplemental radiology personnel for $100,000 for the period of July 1, 1998 through June 30, 1999.

(3.8) **CHN** – Request for retroactive contract renewal with Bayview Hunter's Point Foundation (BVHP) in the amount of $421,587 for the provision of mental health case management and outreach services to homeless persons for the period of July 1, 1997 through June 30, 1998. (DPH contracted with BVHP for services totaling $6,861,177 during FY 1996-97).

(3.9) **CHN** – Request for approval of new contract with The Lewin Group, in the amount of $160,000 to provide Strategic Planning Services for the Community Health Network for the period of July 1, 1998 through June 30, 1999.

(3.10) **CHN** – Request for approval of new performance agreement with Foundation Health Systems (FHS), to provide hospital services to members of FHS Affiliates, specifically HealthNet, for the period of July 1, 1998 through June 30, 1998.

(3.11) **CHN** – Request for approval of new performance agreement with the San Francisco Health Plan for services provided under the California Managed Risk Medical Insurance Board, Healthy Families Program of the State of California for the period of July 1, 1998 through June 30, 1999.

4) DIRECTOR'S REPORT

(Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

5) **TIME SPECIFIC: 3:30 P.M.**

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

6) **CONTINUATION OF A PUBLIC HEARING AND CONSIDERATION OF A RESOLUTION ON THE MAYOR'S BLUE RIBBON COMMITTEE REPORT FOR UNIVERSAL HEALTH CARE**

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COLLABORATIVE EFFORTS WITH THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT**

8) **CONSIDERATION OF A RESOLUTION APPROVING A REVISED FEE SCHEDULE FOR THE COMMUNITY HEALTH NETWORK MATERNITY PACKAGE FOR SAN FRANCISCO RESIDENTS AND TOURISTS**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, cali 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

6/98

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 16, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 2, 1998

Action Taken: The Commission unanimously adopted the minutes of June 2, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH** – Request for approval of Department's Annual Report of Memberships in professional organizations for FY 1997-98, and approval of a resolution to the Board of Supervisors amending the Administrative Code to add organizations to the Department's FY 1998-99 list.

(3.2) **PH-CH&S-IMMUNIZATION** – Request for approval to accept and expend a new grant in the amount of $523,318 from the California Department of Health Services to provide immunization-related services for the period of July 1, 1998 to June 30, 1999, and sole source

approval for six new contracts: Northeast Medical Services in the amount of $39,916; Mission Neighborhood Health Center in the amount of $51,932; San Francisco Health Plan in the amount of $18,327; San Francisco Medical Society in the amount of $31,791; St. Luke's Health Care Center in the amount of $ 21,000; and San Francisco Community Clinic Consortium in the amount of $53,849, for the same time period.

(3.3) **PH-MIS** – Request for approval of combined retroactive sole source in the amount of $483,435 for custom programming services for MIS' INSYST and SMS/EAD systems for the period of January 1, 1998 through June 30, 1999, and retroactive contract renewal with United Behavioral Health Services (UBH) in the total amount of $1,731,331 to continue maintenance of the Department's INSYST system, to procure system/licensing for the Department's new cCura3 Managed Care System and to procure custom programming services to interface the Public Health Division's INSYST and SMS/EAD systems with all department (PHD/CHN) systems for client/services tracking for the period of July 1, 1997 through June 30, 2000.

(3.4) **PH-BEHM** - Request for approval of contract modification with the Industrial Emergency Council in the amount of $72,550, for the provision of hazardous materials and confined space rescue training for the period of July 1, 1998 through December 31, 1998. Total amount of contract, including this modification, is $164,550 for the period of January 1, 1998 through December 31, 1998.

(3.5) **PH-CHP&P-AIDS Office** – Request for retroactive renewal contract with the University of California San Francisco Urban Health Study (UCSF), in the amount of $538,970, to provide community-based HIV prevention, counseling and testing services to injection drug users, for the period of January 1, 1998 through December 31, 1998. (DPH contracted with UCSF for services totaling $13,848,952 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.6) **CHN-SFGH** – Request for contract renewal with Richmond Area Multi-Services, Inc. (RAMS), in the amount of $2,039,150 per year to provide partial hospitalization services for the period of July 1, 1998 through June 30, 2001. (DPH contracts with RAMS for services totaling $4,013,809 during FY 1996-97).

(3.7) **CHN-SFGH** – Request for approval of new contract with Agostini Nurse Staffing, Groves Nurses Registry, HRN Services, Net Healthcare, Nurse Providers, The Registry Network, Sunrise Nurses, Professional Recruiters, TherAmerica and United Nursing International, for the provision of supplemental nurse staffing for a combined amount not to exceed $1,600,000 per year for the period of July 1, 1998 through June 30, 2000, and a sole source and new contract with The Registry Network for the provision of supplemental radiology personnel for $100,000 for the period of July 1, 1998 through June 30, 1999.

Public Speaker: Dale Butler, SEIU Local 790

(3.8) **CHN** – Request for retroactive contract renewal with Bayview Hunter's Point Foundation (BVHP) in the amount of $421,587 for the provision of mental health case management and outreach services to homeless persons for the period of July 1, 1997 through June 30, 1998. (DPH contracted with BVHP for services totaling $6,861,177 during FY 1996-97).

Commissioner Sanchez expressed his concern on the low scores in the monitoring report and the retroactivity of this contract.

President Monfredini expressed her concern on any multiyear renewal of this contract. She requested the Department to extend this contract on a month-to-month basis through September. She also requested the Department to come back in 90 days (September 15, 1998) with a list of community-based organizations eligible to compete for this contract if the present contractor continues to be out of compliance.

Commissioner Hill requested the Department to bring back an alternative plan if the present contractor continues to be out of compliance.

Commissioners recommended to approve the retroactive contract for FY 1997-98.

(3.9) **CHN** – Request for approval of new contract with The Lewin Group in the amount of $160,000, to provide Strategic Planning Services for the Community Health Network for the period of July 1, 1998 through June 30, 1999.

Commissioner Sanchez referred to Health Commission Policy #24 on the Board and staff diversity. He posed the question to the contractor on what would be their plan to comply with the policy.

Dr. Molly Coye, Project Director, stated that the Chairman and CEO of Quintiles Transnational Corporation feels this is a legitimate issue and indicated his support in a letter.

Commissioner Hill commented that specific policies need to be followed if contractors want to do business in San Francisco. He also noted that the demographics on the Contract Providers Summary Form for gays and lesbians were not included.

Commissioner Sanchez requested to continue this item for 30 days (July 21, 1998). A letter will be sent to the CEO of Quintiles, with a copy of the Health Commission Policy #24, and a request for a plan for compliance to the policy. If a response is received prior to the 30 days, this item will be recalendared prior to July 21, 1998.

Commissioner Sanchez commented that the Commission could also consider a waiver policy with specific criteria.

(3.10) **CHN** – Request for approval of new performance agreement with Foundation Health Systems (FHS), to provide hospital services to members of FHS Affiliates, specifically HealthNet, for the period of July 1, 1998 through June 30, 1998.

(3.11) **CHN** – Request for approval of new performance agreement with the San Francisco Health Plan for services provided under the California Managed Risk Medical Insurance Board, Healthy Families Program of the State of California for the period of July 1, 1998 through June 30, 1999.

Action Taken: The Commission (Monfredini, Sanchez, Guy, Hill and Parker) approved #3.1, 3.2, 3.3, 3.4, 3.5 (Commissioner Sanchez abstaining), 3.6, 3.7, 3.8, 3.10 and 3.11. Item #3.9 was continued for 30 days. Refer to #3.9.

4) DIRECTOR'S REPORT

(Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Prenatal Care to Undocumented Women

On June 10, 1998, the State Supreme Court unanimously and without comment denied the State's request for a review. The State had appealed to the Supreme Court to ask for reconsideration on a lower court's decision to prevent the State from funding prenatal care to undocumented women. In addition to this appeal, the State is also appealing an order in the Los Angeles Appellate Court. That trial is scheduled for November 1998. Therefore, at this time the State is still required to fund necessary prenatal care services to undocumented women.

PUBLIC HEALTH

Suicide Prevention

An innovative wire fence designed to prevent people from jumping off the Golden Gate Bridge was unveiled at a press conference June 9th convened by the Golden Gate Bridge District. Completion of the prototype is a milestone in the decades long attempt to end the string of suicides that have characterized this remarkable structure. Records indicate that more people have committed suicide by jumping off the Golden Gate Bridge than from any other site in the world.

Also presenting at the press conference were members of the Golden Gate Bridge Barrier Coalition whose advocacy efforts over the years have pressed the Bridge District to develop a technological solution to counter the attractiveness of the bridge to suicide. The Coalition noted the fact that suicide is frequently a tragic and permanent end to a temporary problem, and that research demonstrates that over 90% of those prevented from committing suicide on the Golden Gate Bridge do not attempt suicide again. Although there has been much attention recently to the proposed median barrier to reduce traffic accidents, there were more deaths from suicides on the bridge last year (40 known suicides) than there were from motor vehicle fatalities over the last quarter century (34 deaths).

It should be noted that consensus on the proposed design has not yet been reached. Some factions have expressed their concern that this particular design would ruin the aesthetic lines of the bridge and needs reengineering.

The prototype fence will remain on display by the administrative building at the southwest entrance to the bridge for public viewing and comments over the next few months. Comments can be sent to: Golden Gate Bridge District, P.O. Box 9000, Presidio Station, San Francisco, CA 94129-0601

Currently the newly designed Bay Bridge has no plans for a safety barrier to prevent suicide attempts even though pedestrian and bicycle access will be available. The department will be forcefully advocating for safety features to be incorporated into the structure during the design phase of the project.

Immunization Registry Grant

We have received written notification of a $232,000 grant award for the Immunization Registry Grant. This is a substantial increase over the previous award of $90,000. Grant funds will pay for two technical positions with approximately $80,000 extra for development and equipment. I would like to acknowledge the good work of Jan Gurley, M.D., Iker Navarro and Diane Portnoy in putting this grant package together.

Illegal Disposal Site - Yosemite Avenue Follow-Up

You may recall in last months Director's Report I announced that the Superior Court awarded the City a default judgment of $3.6 million against the property owner of 1301 Yosemite Avenue.

This judgment affirmed the City's findings that the property owner was operating an illegal dump site and that the accumulated solid waste on his property was creating a public health and environmental hazard. It appears that the property owner will not comply with the clean up demand. Consequently, Environmental Health staff has set up a mid-June meeting and a site visit with California Integrated Waste Management Board staff. This meeting will set forth a schedule and a plan of action to remediate the hazard.

In addition, the City is pursuing several businesses that had operated an illegal solid waste facility and an illegal asbestos disposal waste site at the same location. The City is seeking recovery of costs associated with enforcement efforts, attorney's fees and civil penalties for the operators of the solid waste facility. A trial is set for late August. The court will hear the City's request for a temporary restraining order and a preliminary injunction for the asbestos disposal operators in late June.

New Food Package for Homeless Prenatal Participants

Over the past few months, WIC Program staff has been working with the State WIC Branch to determine the appropriate food supply for homeless women. Currently, the standard WIC food package provides milk, cheese, dried beans or peanut butter, eggs and juice. Homeless families have difficulty using these foods because of lack of cooking and storage facilities.

The researchers organized focus groups and interviews at homeless shelters and soup kitchens. As a result of the study, a new variation on the standard prenatal food package was developed. Prenatal women will now be able to receive their milk in half-gallon containers and will be offered canned beans instead of eggs. WIC program managers estimate the new food package will be available to approximately 100 homeless prenatal women in San Francisco. California has approximately 4,400 homeless prenatal women.

Health Clinic for Lesbian, Gay, Bisexual and Transgender Youth

Castro Mission Health Center will be home to a new clinic serving LGBT queer and questioning youth starting July 2. The clinic, called Dimensions, will be held every Thursday night from 5 to 8 p.m. as a 6-month pilot program. It will house comprehensive primary care, mental health, substance abuse, and health education and promotion activities.

Dimensions was created as a result of research showing that LGBT youth were unlikely to seek medical care out of the belief that providers are insensitive to their needs, and that confidentiality regarding sexual orientation may be breached to parents and others. Dimensions is the result of a strong collaboration between Castro Mission, SPY, the Office of Lesbian and Gay Health Services and community-based agencies, including Health Initiatives for Youth, LYRIC, and New Leaf.

Mental Health Association Jubilee

Jo Ruffin, LCSW, Director of Community Mental Health Services, was honored at the 50th Jubilee Anniversary Celebration of the Mental Health Association of San Francisco on May 19, 1998 for her leadership in community mental health services and her years of distinguished service. She was also honored on June 2, 1998 at the 36th Annual Suicide Prevention Banquet.

COMMUNITY HEALTH NETWORK

State Licensing Survey Team Visit

Members of the State Licensing Survey Team made an unannounced visit to SFGH last week. The four-member team spent four days reviewing charts, interviewing patients and staff, and observing the care process on Ward 4A and in the Mental Health Rehab Unit. This type of examination is used to determine our ability to maintain our license and to treat Medicare and Medi-Cal patients at the Skilled Nursing level of care. After such intense scrutiny, no significant findings were made. Only minor deficiencies were found such as soap scum in a single shower. These are excellent results and every staff member involved with these units is to be congratulated.

Status of Annual Licensing on Certification
On June 8th the State Licensing and Certification Division (L&C) notified Laguna Honda that its Plan of Correction for deficiencies identified in the annual survey was unacceptable. The L&C also reported that it was recommending imposition of monetary penalties to HCFA. Disappointingly, the L&C provided no information regarding why the Department's Plan of Correction was unacceptable. On June 11th, I convened a press briefing to discuss the L&C survey in a public forum. At the briefing, I released a copy of my June 11th letter to HCFA, where I requested:

- A 60-day extension on all penalties,
- A commitment from the State and HCFA to work collaboratively to determine whether we could decrease the census by discharging residents home or to other appropriate settings, and
- A written response to our Plan of Correction.

Laguna Honda staff has begun implementation of the Plan of Correction, which includes a 90-day moratorium on new admissions with the exception of patients from SFGH who have been denied admission to all other San Francisco facilities. We have also committed to the creation of separate dining spaces and activity areas. We have told the State and HCFA that we believe in creating new dining and activity areas and will certainly include them in the plans for the new facility. However, we believe the need for these areas must be weighed against the needs for caring for people who have no alternatives. I will keep you apprised of our progress on this important issue.

AHA Volunteer of the Year Award
Anthony Wagner was honored June 5th at the American Heart Association's (AHA) Western States Affiliate (California, Nevada and Utah) annual dinner in Irvine, California. Tony was presented with the AHA's highest award of the year -- *Non-Physician Volunteer of the Year.*

Congratulations to Tony for more than 23 years of volunteer service to the AHA where his contributions have been substantial, serving at the national level on numerous committees and on the board.

Celebration of Philippine Independence Day
Laguna Honda Hospital staff have coordinated the production of a special variety show of singers, dancers and guest speakers to celebrate Philippine Independence Day in Gerald Simon Theater and Clarendon Hall on June 19th. The residents focused event will serve as a major activity for residents of Filipino descent and all other cultures who would like to partake in the show and festivities. Staff members are producing the event on their own time and are to be commended for their efforts to contribute to the cultural enrichment and entertainment activities for our residents.

LHH Senior Pharmacist Retires
On behalf of the Executive Committee and management staff, I would like to acknowledge and commend Wiley Chan, Senior Pharmacist, for his 37 years of dedicated service to the residents of Laguna Honda Hospital. Mr. Chan is retiring at the end of June.

May 1998 CHN Statistics
The Community Health Network computer used to track CHN statistics became infected with a virus (transferred from an in-house diskette) last week. The virus wiped out most of the data files. Information Systems is attempting to restore the files. If unsuccessful, they will send the computer out to a data recovery specialist. As a result, last months utilization statistics are unavailable. Hopefully, the problem will be fixed by next month.

May statistics for other areas are available in the Commission Office.

Commissioners Monfredini, Sanchez and Guy commended Dr. Katz for his proactive strategy in the press conference on Laguna Honda Hospital. The full Commission is in support of Dr. Katz's public position in opposing any inappropriate discharging of patients from Laguna Honda Hospital.

President Monfredini acknowledged Larry Funk, Executive Administrator of Laguna Honda Hospital, for his leadership and commitment to the patients.

Commissioner Guy emphasized the need for public education on Laguna Honda Hospital and its role in housing for the frail elderly and disabled.

5) TIME SPECIFIC: 3:30 P.M.

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURE OF THE OBSTETRICS PROGRAM AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

John Williams, CEO and President of Catholic Healthcare West Bay Area Region; Rosemary Fox, Vice President/COO of St. Mary's Medical Center; and Daniel Ostrow, Administrator of St. Mary's Medical Center, were present for this item.

Action Taken: The Commission unanimously adopted Resolution #23-98, "Determining Whether the Closure of the Obstetrics Inpatient Service at St. Mary's Medical Center Will or Will Not Have a Detrimental Impact on Health Care Service of the Community," (Attachment A).

6) CONTINUATION OF A PUBLIC HEARING AND CONSIDERATION OF A RESOLUTION ON THE MAYOR'S BLUE RIBBON COMMITTEE REPORT FOR UNIVERSAL HEALTH CARE

Dr. Mitch Katz, Director of Health, submitted his response to the Commission's request for additional information on the governance issue (Attachment B).

Public Speakers: Dale Butler, SEIU Local 790
Frederick Hobson, S.F. Tomorrow

Commissioner Guy, from a public health point of view, supported the concepts of consumer participation, public accountability, and cultural competency for any governance structure. She would like to have implementation protocols developed for the governance aspect of the Universal Health Care Plan.

Action Taken: The Commission unanimously adopted Resolution #24-98, "Supporting the Recommendations of the Mayor's Blue Ribbon Committee on Universal Health Care," (Attachment C).

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COLLABORATIVE EFFORTS WITH THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Bob Prentice, Ph.D., Director of the Public Health Division, submitted a Memorandum of Understanding (MOU) executed between the Public Health Division of the Department of Public Health and the School Health Programs Office of the San Francisco Unified School District, as well as a copy of a letter jointly signed by Mitch Katz, M.D., Director of Health; and Waldemar Rojas, Superintendent of Schools, inviting people to participate in a new School Health Planning Committee. Together they represent important strides forward in the development of a collaboration between the Health Department and the School District.

The letter signed jointly by Mitch Katz, M.D. and Waldemar Rojas, establishes the forum in which planning for school health services will occur. It is intended to encourage the thoughtful development of school health in initiatives, collaborative models and financing strategies to improve the health and well being of children and youth in school. Although there had previously been a School Health Planning Committee, it was not as broadly constituted, nor did it have a formal charge from the Director of Health and the Superintendent of Schools. Its deliberations seldom were translated into policy. The new School Health Planning Committee not only has the endorsements of the Director of Health and the Superintendent of School, it incorporates representatives of private sector health care providers and private schools to broaden the base of school health planning. It also has a more comprehensive charge to look not only at clinical programs in schools, but at physical and social environmental factors that affect the health of students and staff in the schools. From a public health perspective, it is a welcome forum to incorporate hitherto separate interactions related to student nutrition, environmental health issues (food safety, lead, asbestos, air quality, pesticide use, etc.) and social environment, into a more broadly conceived understanding of healthy children, healthy schools and healthy communities.

Trish Bascom, Director of School Health Programs in the San Francisco Unified School District, supports and emphasized the importance of collaborative efforts with the goal of benefiting the children and youth in the City and County of San Francisco.

Public Speaker: Nathan Nayman, Hospital Council

Commissioner Sanchez expressed his support for collaborative efforts with good communication among all of the partners.

Commissioner Guy encouraged the participation of students and families in any planning process.

Commissioner Parker is impressed with the emphasis on prevention and education.

8) CONSIDERATION OF A RESOLUTION APPROVING A REVISED FEE SCHEDULE FOR THE COMMUNITY HEALTH NETWORK MATERNITY PACKAGE FOR SAN FRANCISCO RESIDENTS AND TOURISTS

Monique Zmuda, CFO, presented the following:

The existing maternity package offered at the Community Health Network, which applies to San Francisco residents and tourists, has been in place since 1991 and is offered to approximately 25 women per month (300 per year). The Department proposes to amend the package to differentiate the cost to San Francisco residents from the cost to tourists and non San Francisco residents. It will also provide an alternative to Medi-Cal coverage for women who are ineligible for Medi-Cal. The amendment also updates the fees to reflect cost increases over the past seven years.

The following proposal recommends two policies for the Commission's consideration:

1. Development of an OB package which is reasonably priced (recovering Medi-Cal rates of reimbursement), which can be offered to low income women and those who opt to pay for services rather than apply for Medi-Cal.

2. Development of an OB package rate, which differentiates between San Francisco residents and non-residents.

The proposal is priced competitively at the Medi-Cal reimbursement rates which will offset potential revenue losses which might occur in the event that women opt to pay for the maternity services in lieu of applying for Medi-Cal coverage. In addition, the new package is priced consistent with San Francisco market for non-residents.

Highlights of the maternity package revisions are:

- Provides a payment alternative for women who are ineligible for Medi-Cal because of excess financial resources, or women who are eligible for Medi-Cal but decline to apply.
- Package has not been revised since 1991. Current prices are well below other hospitals' payment plans and less than Medi-Cal reimbursement rates for prenatal care and normal delivery.
- Package currently used by an average of 25 women a month – about 20% of SFGH deliveries.
- Proposed package prices are set at Medi-Cal reimbursement rates and competitive with other San Francisco hospitals.
- Prenatal and delivery package rates will be used at SFGH and Health Centers, which are now on the same billing system.
- Proposed package has two payment options to accommodate different patient circumstances:

    1. Prenatal care and labor and delivery
    2. Labor and delivery only

Action Taken: The Commission unanimously adopted Resolution #24-98, "Approving a Revised Maternity Fee Package for the Community Health Network," (Attachment D).

9) PUBLIC COMMENTS

Frederick Hobson, S.F. Tomorrow

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouyé Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 23-98

DETERMINING WHETHER THE CLOSURE OF THE OBSTETRICS INPATIENT SERVICE AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, since August 1996 at St. Mary's Medical Center there has been an average of approximately 120 deliveries a year, and the national market standard for a quality OB inpatient program is approximately 2000 births per year; and,

WHEREAS, maintenance of such a small service makes recruitment and retention of staff very difficult and has resulted in an operating loss of over $2 million over an 18-month period; and an additional capital investment of $2-3 million would have been required by the end of 1998 under OSPHD guidelines; and,

WHEREAS, St. Mary's Medical Center closed its OB Inpatient Unit on May 1, 1998 after a deliberative and thoughtful process with the medical leadership, obstetrical physicians, and employees, and making the recommendation to the regional board; and,

WHEREAS, St. Mary's will retain its prenatal and postpartum services on an outpatient basis; and parenting classes will continue through the WomenKind Program; and,

WHEREAS, all the OB nurses were guaranteed employment at St. Mary's Medical Center or another CHW Bay Area hospital, and all SEIU and Local 250 support staff were retained in their current positions at St. Mary's; and,

WHEREAS, St. Mary's Medical Center reconfirms its commitment to underwrite the cost of care for OB patients enrolled in the St. Mary Philippa Health Center who are uninsured for prenatal care and delivery using St. Mary's Foundation funds; now, therefore, be it

RESOLVED, that the closure of the OB inpatient Unit at St. Mary's Medical Center will not have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the failure of St. Mary's to give the required notice to the Health Commission in compliance with Proposition Q was an isolated circumstance; and the Health Commission can count on the hospital's compliance in the future.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 16, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Lee Ann Monfredini, President and
Members of the San Francisco Health Commission

FROM: Mitchell Katz, M.D.
Director of Health

RE: Mayor's Blue Ribbon Committee on Universal Health Care

DATE: June 11, 1998

This memorandum is an addendum to the Department's May 28, 1998 report on the Mayor's Blue Ribbon Committee on Universal Health Care ("Committee") final report. At its June 2, 1998 meeting, the Health Commission asked for additional information on the Committee's governance recommendations.

A governing body is needed to implement the proposed purchasing program. The Committee recommended a nine member governing body. No person may serve on the governing body for more than 10 years. The mission of the governing body is to ensure the availability of quality, cost-effective health care to the County's uninsured residents. As recommended, the governing body would have responsibility to:

- define, and as necessary, revise the purchasing program's mission to ensure that it is relevant to the changing environment.
- establish the long-term direction of the purchasing program through strategic planning and administrative oversight,
- determine the scope of programs and services to be provided to members,
- maintain the financial viability and stability of the purchasing program,
- establish programmatic and operational policies of the purchasing program,
- promote and maintain positive external relationships with the community, local business, government, funding sources, providers and other health-related organizations and
- establish procedures for an effective governing body, including member recruitment, training and self-evaluation.

The purchasing program would be a separate non-profit, public benefits corporation.

Specifying the governance structure is one way of defining the relationship between the City and County and the proposed purchasing program. The Committee had several discussions about the appropriate balance between the governing body's need to set policy and oversee implementation with sufficient autonomy and the public's need to ensure that the governing body is accountable and that the public's interest are being represented.

After reviewing governance structures of other purchasing alliances and the overall objectives of the purchasing program, the Committee felt that the long-term viability and integrity of the purchasing program would be best served by ensuring that the purchasing program and its governing body was a separate entity and was not viewed as part of the government sector. As the Committee s report noted, there has been the perception that the Health Insurance Plan of California's (HIPC) has been hampered by its public, governmental status. The HIPC is in the process of being privatized and, as a result, may be more attractive to businesses which are often leery of government-administered programs. The Committee was very cognizant of HIPC's experience as it proposed a local purchasing program. As the Department indicated in its last presentation to the Health Commission, the purchasing program's success will be dependent upon the extent to which is offers an attractive, affordable health care package to small employers

A critical issue in the governance discussion was how much representation each entity(ies) contributing funding to the purchasing pool should have. As you know, funds will come from three sources: (1) employer contributions, (2) member contributions and co-payments and (3) City and County contributions for certain low-income members. It is generally believed that representation on any governing body helps ensure that the interests of a particular entity are suitably represented. During its deliberations on governance, the Committee discussed the following issues:

- overall governing body membership,
- City and County membership,
- conflict of interest provisions and
- appointment process.

Overall Governing Body Membership

The Committee believed that it was critical that the governing board be comprised of individuals who possessed a set of skills and expertise such as an understanding of purchasing pools, financial management, clinical quality, marketing and public relations, managed care and safety net issues. However, even with this as a framework, the Committee wrestled with the notion of designating seats on the governing body.

There was the concern that if all seats were designated, the governing body might have representation from interested parties, but it might not have obtained individuals with the appropriate knowledge base to create health insurance purchasing program. However, the Committee also felt that certain constituencies needed representation on the governing body to ensure that the purchasing program recognized needs (such as the health care needs of the uninsured). As a result, the Committee balanced the competing perspectives by designating five of the nine seats. The proposed designated seats on the governing body are: (1) enrolled members, (2) small business, (3) providers and (4) City and County of San Francisco (two members).

City and County Membership

The Committee recognized that the City's representation on the governing body was necessary to ensure that the purchasing program was meeting the City's objectives of: (1) providing a more efficient, useful indigent care dollars and (2) reducing the City's burden of paying for health care for the working poor. The Committee recommended that both the Director of Health and the City Controller be appointed to the governing body.

However, while acknowledging the importance of the City's representation, the Committee also felt that there were inherent conflicts of interest related to giving either the Director of Health or the City Controller a vote on the governing body. In the case of the Director of Health, there was the concern that the Director of Health oversees the Community Health Network (CHN) which is a provider of care to uninsured residents. The Committee anticipates that the CHN will be a provider under the purchasing program given its historic safety net role. The Committee felt that conflict of interest could arise if the Director of Health voted on issues which might benefit the CHN or on issues which affected how the City's indigent care funding was spent. The Committee felt that the City Controller's presence on the governing body was necessary to provide the City with appropriate fiscal representation. But, it was also felt that the City Controller did not need a vote because the City had the option to withhold its indigent care funds to the purchasing program if the program did not meet the City's stated objectives (as can employers)

As the Committee's report indicates, "there may be compelling reasons to revisit the voting status of the [City] representatives on this governing body. Given the level of funding and oversight of the public health safety net responsibility resting with the Director of Health, a voting seat on the governing body may be appropriate." The Committee stresses that should the Director of Health be given a voting membership, then "systems must be established to ensure that the Director of Health adheres to the conflict of interests provisions outlined for the governing body."

Conflict of Interest

The Committee had considerable discussion on adopting a conflict of interest provision within its recommended governance structure. Conflict of interest can be managed in two ways. First, by ensuring that an individual with a conflict of interest does not serve on a board. This is a very broad approach to ensuring neutrality. The second approach is to allow individuals who may have a conflict of interest to serve on a board, but prevent them from voting on issues where they have a direct interest.

The Committee took a stringent approach to conflict of interest and indicated that no individual who has a potential conflict should be allowed to serve on the governing body. The Committee adopted this stance to preserve the credibility of the decision-making process of the governing body. With respect to officials serving on the governing body as ex-officio members (i.e., the Director of Health and City Controller), the conflict of interest provision states that the above does not apply.

Appointment Process

As previously mentioned, the Committee wanted to ensure that the governing body had appropriate autonomy in its decision making and that its membership and structure would attract small employers to participate in the purchasing program. As such, the Committee had significant discussion over who should make the initial and subsequent appointments to the governing body along with how that process should be done.

The Committee understood that the initial appointment of any governing body created on a local level is done within a public framework and that the Mayor and Board of Supervisors will have appropriate input. To ensure that the City and County maintained input into subsequent appointment of the governing body, the Committee recommended that the Board of Supervisors have veto power over a governing body member reappointment. This veto power would be exercised in a public process in which the Board of Supervisors would be required to take action if it objected to an appointment, but would not be required to take any action if it approved of an appointment. The Committee felt that this veto provision provided the City with input into the governing body's appointment process and also allowed for the governing body to have an appropriate level of autonomy to nominate its own members.

As a member of the Mayor's Blue Ribbon Committee on Universal Health Care, I understand the delicate balance that the Committee sought. During the entire deliberations, the Committee was sensitive to the various perspectives on how to create an appropriate governance structure. The Committee attempted to address all of these issues within the context of creating a purchasing program that would be viewed in the private community as a stable entity which is not unduly subject to changing political climate. As mentioned previously, the Committee attempted to balance the need to have the governing body work with sufficient autonomy and the public's need to ensure that the program is accountable. This is one of the reasons why the proposed legal status of the purchasing program would be a non-profit public benefits corporation. Although this entity would not be part of the City and County's governance structure, its public status allows for appropriate public input and oversight.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-98

SUPPORTING THE RECOMMENDATIONS OF THE MAYOR'S BLUE RIBBON COMMITTEE ON UNIVERSAL HEALTH CARE

WHEREAS, the Health Commission has reviewed the final report of the Mayor's Blue Ribbon Committee on Universal Health Care entitled, "Achieving Health Insurance for San Francisco's Uninsured" and strongly supports the City's effort to expand health care coverage to an estimated 130,000 uninsured residents; and,

WHEREAS, the Health Commission supports consumer choice with respect to either health plans and/or providers; and,

WHEREAS, the Health Commission applauds the Committee's proposal to create a private-public purchasing program that will make health insurance more affordable by: (1) enabling small employers to participate in a purchasing pool that leverages their contributions for health care coverage, and (2) providing subsidies for low-income workers and the indigent; and,

WHEREAS, the voluntary nature of the purchasing program necessitates the existence of a stable and viable safety net to care for individuals not enrolled in the program; and,

WHEREAS, the Health Commission has reviewed the section of the final report which discusses public sector safety net issues and agrees with the Committee that a safety net system will continue to be needed irrespective of the implementation of the purchasing program; and,

WHEREAS, the Department has identified three areas in which implementation of this purchasing program could impact the safety net and these are in the areas of: (1) number of patients and patient volume utilization, (2) level of revenues, and (3) patient case mix; and,

WHEREAS, the Health Commission believes that to ensure viability of the safety net while this program is being developed, particular attention should be made to monitoring patient volume, acuity, cost per unit of service, and effectiveness of capitation rates to address adverse patient case mix within the Community Health Network; and,

WHEREAS, the Health Commission believes that potential harm to the Community Health Network can be mitigated through: (1) creating financial incentives to encourage health plans to include safety net providers in their networks, (2) adjusting rates prospectively to account for "high utilizers," (3) enabling the Department to eliminate co-payments, if appropriate, and (4) allowing the Department to provide supplemental services that are not provided by other networks; and, WHEREAS, in order for the Community Health Network to be a viable alternative in the San Francisco health care market, it must be seen as a provider of first choice, and not solely a provider of last resort; and,

WHEREAS, in order to ensure that the Community Health Network is a provider of first choice, the City should allocate sufficient funds to enable the Department of Public Health to appropriately market its personal health care services, and to fund needed capital and infrastructure to attract patients; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission hereby supports the recommendations of the Mayor's Blue Ribbon Committee on Universal Health Care and urges the Mayor and Board of Supervisors to support the Department of Public Health's Community Health Network in its ability to successfully compete for covered lives and maintain its role as a safety net provider.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 16, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 25-98

APPROVING A REVISED MATERNITY FEE PACKAGE FOR THE COMMUNITY HEALTH NETWORK

WHEREAS, the Department of Health has a goal to ensure that by the year 2000, all pregnant women who are San Francisco County residents receive prenatal care; and,

WHEREAS, the goal of the Community Health Network is to encourage maternity care by providing payment options for women who may not otherwise seek prenatal and maternity care; and,

WHEREAS, the Community Health Network has proposed a revision to its existing maternity package which will cover the cost of prenatal, labor and delivery services for San Francisco residents who do not qualify for Medi-Cal or opt not to apply for Medi-Cal, and has proposed a different plan for tourists and non-residents; and,

WHEREAS, the proposed package offers two alternative plans, including a prenatal, labor and delivery plan, and a labor and delivery only plan in order to provide for increased options for women who need these services; and,

WHEREAS, the fees have not been raised since 1991 and the fees proposed in the maternity package are consistent with market rates in San Francisco and with Medi-Cal rates paid to the Community Health Network for such services; and,

WHEREAS, the proposed fees encourage women to apply for Medi-Cal for their newborns by reducing the overall cost of the package once an application is completed; and,

WHEREAS, women whose income is below poverty level will qualify for the Department's sliding fee scale, thereby reducing/eliminating the payment requirement for poor women; and,

WHEREAS, the proposal also provides for a maternity plan for tourists and non-San Francisco residents who generally have other options available for their maternity care which is priced higher than the fee proposed for San Francisco residents; now, therefore, be it

RESOLVED that the Health Commission supports the provision of payment options for women in order to encourage prenatal care, and approves the Community Health Network's proposed maternity package and its fees.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 16, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/98

AGENDA

HEALTH COMMISSION MEETING

July 7, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 16, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Status report on UCSF Stanford HealthCare's Compliance Plan for Board and staff diversity.

(3.2) Status report on SAGE's compliance for Board diversity.

(3.3) Request to authorize the renewal of San Francisco's participation in the California Healthy Cities Project.

(3.4) **DPH** – Request to approve a resolution authorizing San Francisco General Hospital to accept and expend a gift currently valued at $1.27 million bequeathed to the hospital by the estate of Kathleen Mason.

(3.5) **DPH-Administration-CSAS** – Request to enter into a FY 1998-99 Combined Net Negotiated Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs in the amount of $15,986,354.

(3.6) **CHN-SFGH** – Request to approve continuation of a Proposition J contract for the provision of laundry processing services at SFGH for the period of July 1, 1998 through June 30, 2000.

(3.7) **PH&P- AIDS Office** - Request for approval of 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I awards in the category of Mental Health and new service awards from RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services in the amount of $8,204,914 and new General Fund service awards from RFP 018-97 in the amount of $686,156. The contract period for the Mental Health CARE Title I contracts will be March 1, 1998 through February 28, 1999, and July 1, 1998 through June 30, 1999 for the new CARE Title I and General Fund contracts with the following contractors:

Mental Health Awards	**Total Contract Amount**
Family Service Agency	$216,324
GAPA Community HIV Project/A.P.I. Wellness Center	$ 21,492
Instituto Familiar de la Raza	$238,039
Iris Center	$150,000
New Leaf	$245,348
SFDPH Community Health Network (CHN) Multi-Diagnosis	$276,900
SFDPH Community Mental Health Services	$640,524
SFDPH San Francisco General Hospital (CHN)	$121,392
UCSF/AIDS Health Project	$619,908
UCSF/Center on Deafness	$ 78,432
Urban Indian Health Board	$ 72,780

CARE and General Fund RFP 018-97 Awards	**Total Contract Amount**
Catholic Charities	$ 47,243
Continuum - Tenderloin #2 HIV Services	$470,805
GAPA Community HIV Project/A.P.I. Wellness Center	$427,727
Glide Foundation	$112,151
Haight Ashbury Free Medical Clinics, Inc.	$287,486
Instituto Familiar de la Raza	$ 41,666
Lutheran Social Services	$372,986
Lyon-Martin Women's Health Center	$290,717
Mission Neighborhood Health Center	$100,208
Saint Mary's Medical Center	$517,902
San Francisco AIDS Foundation	$1,992,223
San Francisco Community Clinic Consortium	$227,361

Shanti Project	$259,191
Tenderloin AIDS Resource Center	$174,076
UCSF/AIDS Health Project	$145,789
Dental Services - Contractor/s to be determined	$742,400

(3.8) **PH&P-CSAS** – Request for approval of retroactive first modification to the contract with San Francisco State University (SFSU) in the amount of $100,000 to augment a new 14 month Community Health Training and Development Center program to provide training in drug addiction treatment for the period of May 1, 1998 through June 30, 1999. The total contract amount including this modification is $177,394. (DPH contracted with SFSU for services totaling $77,394 during FY 1996-97).

4) **DIRECTOR'S REPORT**
(Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

5) **UPDATE ON THE SAN FRANCISCO MENTAL HEALTH PLAN AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE**

6) **UPDATE ON HEALTHY FAMILIES**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **CLOSED SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

UNLITIGATED CLAIM AGAINST CCSF FILED BY THE BUSINESS SOFTWARE ALLIANCE FOR SOFTWARE INFRINGEMENT BY THE SFGH RADIOLOGY DEPARTMENT

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 7, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 16, 1998

Action Taken: The Commission unanimously adopted the minutes of June 16, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Status report on UCSF Stanford Health Care's Compliance Plan for Board and staff diversity

Commissioners expressed appreciation to the four representatives of UCSF Stanford Health Care for the compliance plan and for their presence today.

President Monfredini offered UCSF Stanford Health Care to look at the Health Commission as a partner and a resource in identifying qualified candidates for the Nominating Committee.

(3.2) **Status report on SAGE's compliance for Board diversity**

Commissioner Barnes acknowledged the excellent progress towards compliance by the contractor.

(3.3) **Request to authorize the renewal of San Francisco's participation in the California Health Cities Project.**

Commissioner Barnes requested a copy of the CHIPPS report.

Commissioners recommended support for Resolution # 26-98, "Supporting the San Francisco Healthy Cities: CHIPPS Senior Injury Prevention Collaborative Project" (Attachment A).

(3.4) **DPH** – Request to approve a resolution authorizing San Francisco General Hospital to accept and expend a gift currently valued at $1.27 million bequeathed to the hospital by the estate of Kathleen Mason.

(3.5) **DPH-Administration-CSAS** – Request to enter into a FY 1998-99 Combined Net Negotiated Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs in the amount of $15,986,354.

Commissioner Barnes requested staff at the appropriate time to present substance abuse State funding issues to the Commission.

(3.6) **CHN-SFGH** – Request to approve continuation of a Proposition J contract for the provision of laundry processing services at SFGH for the period of July 1, 1998 through June 30, 2000.

(3.7) **PH&P- AIDS Office** - Request for approval of 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I awards in the category of Mental Health and new service awards from RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services in the amount of $8,204,914 and new General Fund service awards from RFP 018-97 in the amount of $686,156. The contract period for the Mental Health CARE Title I contracts will be March 1, 1998 through February 28, 1999, and July 1, 1998 through June 30, 1999 for the new CARE Title I and General Fund contracts with the following contractors:

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Shanti Project	$259,191
Tenderloin AIDS Resource Center	$174,076
UCSF/AIDS Health Project	$145,789
Dental Services - Contractor/s to be determined	$742,400

Note: Not including Dental Services, which will be calendared at a future Budget Committee meeting

(3.8) **PH&P-CSAS –** Request for approval of retroactive first modification to the contract with San Francisco State University (SFSU) in the amount of $100,000 to augment a new 14 month Community Health Training and Development Center program to provide training in drug addiction treatment for the period of May 1, 1998 through June 30, 1999. The total contract amount including this modification is $177,394. (DPH contracted with SFSU for services totaling $77,394 during FY 1996-97).

Commissioner Sanchez requested the President of the Commission to send a letter to the new Chancellor of the California State University system regarding compliance to Health Commission Policy #24. Another alternative is to have City College of San Francisco, whose Board of Trustees is reflective of diversity, be the lead agency for this contract.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific requests.

Commissioner Chow expressed concern for a uniform position on how the Commission looks at Policy #24 and the need for clarity on the diversity of Board and staff. He requested the Department to re-look at Policy #24 and come back to the Commission with any potential amendments to the policy.

4) **DIRECTOR'S REPORT**

(Provides information on activities and operations of the Department).

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

FY 98-99 Budget

The Finance Committee of the Board of Supervisors completed FY 98-99 budget hearings June 25th and made final recommendations on the budget to be forwarded to the full Board for consideration. A summary of the additional funding and cuts recommended by the Finance Committee include:

	FY 98-99 Budget
BOARD OF SUPERVISORS ADDED FUNDING	
Mental Health - Pharmaceuticals	$ 267,000
Parent Talk Line	200,000
Juvenile Action Plan – 5 FTE's	200,000
Walden House	150,000
Gambling Prevention	100,000
RAMS Vocational Training	83,000
Latino AIDS Prevention	170,000
Mission Community Family Net	120,000
Shanti HIV/AIDS Services	65,000
HIV City College Testing	35,000
COLA - Mental Health/Sub Abuse	1,300,000
Subtotal	2,690,000
BOARD OF SUPERVISORS CUTS	
Community Health Network	$ (133,603)
Population Health & Prevention	(181,773)
Subtotal	(315,376)
TOTAL	**2,374,624**

I am pleased to announce that the Finance Committee recommended additional funding of $2.69 million for the Department of Public Health. The Finance Committee recommended cuts of only $315,376 for the Department. These recommendations included reductions to personnel expense and computer equipment.

State Budget

Although the State 1998-99 fiscal year began July 1,1998, a budget has not yet been passed.

As you undoubtedly have heard from the media, Democrats and Republicans in the Legislature and the Governor's Office are at odds over how the State's $4.2 billion surplus should be used. The major issues involve possible tax and Vehicle License Fee (VLF) reductions, education spending, and to some extent, local government relief. On July 2,1998 the Democrats announced a counter-proposal to the Governor's VLF proposal, which includes a ¼ cent reduction in the state sales tax, a partial restoration of the renter's tax credit, and a variety of business tax cuts. It is felt that a sales tax reduction would be more evenly distributed across income levels than would a reduction in VLF.

The Legislature created a special Conference Committee on Potential Tax Relief, which has been meeting over the last two weeks to discuss three Vehicle License Fee reduction proposals and nearly ninety different tax cut proposals. To date, the Committee has not taken formal action or made final recommendations.

The Legislature's Budget Conference Committee had made most of the less controversial decisions on budget items by mid-June. However, last week the Committee revised those figures by cutting approximately $700 million to allow for major tax cuts. The Committee originally budgeted several Medi-Cal reimbursement rate increases, most of which have now scaled back to 50% of the proposed increase. Other health-related decisions made by the Committee include:

- Reduction of Disproportionate Share Hospital (DSH) State administrative fee by $40 million (the funds will be distributed to public hospitals pursuant to AB 2087, signed into law June 25, 1998 as Chapter 71);
- Allocation of $7.7 million for local public health/communicable disease control services;
- Allocation of $5 million and authorizing language for the California Statewide Supportive Housing Initiative;
- Allocation of $36.8 million and authorizing language to continue State funding of prenatal care for undocumented residents; and
- Authorizing language to continue long-term care for undocumented residents.

The entire budget, including the above items, is subject to the Governor's approval or line item veto, which will not occur until the other major issues are resolved and the Legislature passes the final budget.

Republican Patient Protection Proposal

Last month, the House Working Group on Health Care Quality issued a plan to protect patients "without big government." This Republican proposal is based on an incremental approach to health care reform.

The plan is designed to improve accessibility, affordability and accountability. Many of the accessibility initiatives relate to ensuring that an individual has appropriate and direct access to specialty services and point of service plans. The affordability measures are based on market reforms such as expanding medical savings accounts and creating "HealthMarts." Reforming medical malpractice is also proposed. In the area of accountability, consumers would have increased access to health plan information and medical review panels, and "gag rules" that interfere with provider and patient communication would be lifted.

As you are aware, earlier this year the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry released its report. This Republic Health Care Proposal could be seen as an alternative to the Advisory Commission's recommendations. However, many of the House Working Group's recommendations were proposed by the Presidential Advisory Commission.

Appointment of Special Policy Advisor to the Director of Health

I am very excited to report that Herminia Palacio, M.D., MPH, began as Special Policy Advisor to the Director of Health on July 6, 1998. Her major responsibilities will be to develop an evaluation and research agenda for the Mayor's Blue Ribbon Committee Recommendations on Universal Health Care. She will also serve as an AIDS Policy and Medical Advisor and be the Department's liaison to the Mission Peace Initiative, a community based effort to improve the quality of life for Mission District residents.

Dr. Palacio is a graduate of Barnard College and Mt. Sinai School of Medicine. She received her MPH degree at the University of California, Berkeley. She trained as a Primary Care resident at San Francisco General Hospital and was a primary care physician and Acting Medical Director at Maxine Hall Health Center, between 1991 and 1993. Since 1993 she has been an attending physician at the AIDS Program at San Francisco General Hospital and has been a leading investigator on the effect of HIV/AIDS on women. She has served on the Mayor's Blue Ribbon Committee on Universal Healthcare coverage and on the Mayor's HIV Summit Insurance Subcommittee.

We are fortunate to have recruited Dr. Palacio back to the Department of Public Health and I'm sure the Commissioners will enjoy getting to know her better in the coming months.

Appointment of Director of Business Office

I am happy to announce the appointment of Diane Keefer as the new Director of the Community Health Network's Business Office. Prior to her appointment to the CHN, Diane was the Project Manager with Health Management Systems, which provides billing and cost recovery services to the CHN.

Since 1993, Diane has proven herself to be very effective manager of the automated billing system used throughout San Francisco General Hospital and our primary care clinics. She was responsible for assisting us in the integration of our Community Oriented Primary Care Clinics into the existing San Francisco General Hospital patient billing system. She has monitored all billings and collection efforts and has enhanced revenues at the Community Health Network through the HMS Comprehensive Account Management Services and the Retroactive Claims Re-processing project. Prior to her work with Health Management Systems, Diane was the manager of the Business Support Bureau of St. Luke's Hospital. At St. Luke's she was responsible for the management of the hospital billing, cash posting and customer service.

Diane began her appointment as Director of Business Office on June 15th. Please help me welcome her into this new role.

1998 Managerial Excellence Awards

I am pleased to announce the Department's nominees for the 1998 Managerial Excellence Awards. These managers excel leading the Department of Public Health through a time of great change in the health care field:

• Tangerine Brigham	Director, Policy and Planning
• Barbara Garcia	Director, Community Substance Abuse
• Monique Zmuda	Chief Financial Officer
• Yuki Kubo-Hendricks	Supervising Pharmacist Jail Health Services

Nancy Presson	Associate Director/Managed Care Mental Health Services
Health at Home Mgt. Team	Kathy Eng, MPH Pam Bohman, RN M.K. McKown, RN, NP Lisa Johnson, M.D. April Lax, MSW Mary McCutcheon, RN

Blood Donor Program

The Department of Public Health was honored by the Blood Centers of the Pacific at its annual recognition event with a Gold Award for participation in the blood donor program. Accepting the award were Department coordinators Judy Schutzman of CMHS and Rose Fuapopo of Facilities Management.

POPULATION HEALTH PREVENTION

Mission District Fire.

The Department of Public Health was asked to assist in the relief efforts for approximately 100 people who were left homeless as the result of a three-alarm fire in a Mission District apartment building on Friday, July 3. Luckily no one was injured in the blaze. Many of the primarily Spanish-speaking residents had nowhere to go as they tried to come to terms with the loss of their homes and many of their possessions. Within hours a temporary shelter was established at Mission High School.

Bi-lingual staff from Mission Mental Health was on the scene shortly after the fire to provide emotional support and counseling. Staff members also visited nearby restaurants to get the owners to agree to provide meals to displaced residents. Three bi-lingual public health nurses from the Castro-Mission Health Center were also on site to conduct assessments of need in the aftermath of the fire in order to provide immediate assistance when needed and to brief the Red Cross nurse, who was scheduled to arrive in the early evening. The public health nurses also brought formula for three infants who were among the many children displaced by the fire. Laguna Honda Hospital agreed to provide fresh towel service to the approximately 75 people who were sheltered by the Red Cross at Mission High School. In addition, staff from the Environmental Health Section provided weekend consultation to San Francisco Unified School District staff who were asked to get steam tables operating in the school cafeteria to facilitate serving of meals. We expect that families will be successfully placed in alternate housing early this week, which will enable the closing of the temporary shelter. I want to thank all Department of Public Health staff, including our contract employees, who provided assistance to the homeless families, especially on the long holiday weekend.

Health Clinic for Lesbian Gay Bisexual Transgender Youth Follow-up Report

As we reported at last Health Commission hearing, "Dimensions" the new clinic at the Castro Mission Health Center serving LGBT queer and questioning youth opened July 2nd. A few specifics that make this particular clinic unique:

Target Population	12 to 25 years old queer or questioning youth.
Parental Consent	Parental Consent is not necessary.
Confidentiality Anonymity	Pseudonyms (fake names) are acceptable.

• Cost	No one will be turned away for lack of funds. The Clinic is sensitive to the fact that using parents' insurance would jeopardize confidentiality and so won't use it if that is an issue.
• Services Provided	Comprehensive Primary Care, Mental Health, Substance Abuse, Health Education, Referrals, Peer Support/Counseling.
• Pregnancy Abortion	This Clinic will not perform abortions but will appropriately assess, counsel, and refer pregnant clients.
• Low Cost Therapy	Anti-retrovirals and Protease Inhibitors for HIV infected or exposed youth are provided.

Consolidation of Records and Statistics within Community Health Services Research and Immunization Section

The Records and Statistics section of the Department of Public Health has become increasingly involved in helping with the development and planning of an Immunization Registry. The Immunization Section and Records and Statistics have begun to coordinate various activities, including sending out vaccine reminders to all children, and developing a consent process for the immunization registry as part of the Birth Certificate process. Logically, the Records and Statistics section will be involved in maintaining the Immunization Registry along with the Birth and Death Registries. Therefore, I have chosen to streamline their reporting lines by having the Records and Statistics section, run by Ed Hernandez, report to Dr. Jan Gurley in the Community Health Services Research and Immunization section. I think this move will further the productive collaborations between the sections that have already been established.

Masters in Public Health Program at SF State University

I am pleased to inform you that the first class of students has been selected for the new Masters in Public Health program at San Francisco State University, which is a joint project with the Department of Public Health. Of the 20 students selected, 70% are ethnic minority (30% Latino, 20% African American, 20% Asian). I am especially pleased that four of the incoming students—Viva Delgado (AIDS), Maria Tuthill (Breast and Cervical Cancer Services), Chiung-Yueh Francis Chang (Chinatown Public Health Center) and Juliet Valeiro (Mental Health)—are employees of the Department of Public Health. It is a confirmation of our understanding that the new program will not only include people from the communities we serve, but will also offer an avenue of professional advancement for our current employees. I am heartened by the results of the selection process and look forward to a long and mutually rewarding association with San Francisco State University.

Violent Injury Prevention Award

The Health Promotion Section has been awarded an 11-month continuation grant of $25,000 from the California Department of Health Services, Epidemiology and Prevention for Injury Control Branch to enhance multi-sectorial violent injury data collection, analysis and reporting. The funding will be used to plan, develop and field test a prototype of a multi-source data collection and reporting system for firearm injury.

COMMUNITY HEALTH NETWORK

Update on Laguna Honda Hospital

On July 1, 1998, Departmental representatives met with representatives from the Regional Health Care Financing Administration (HCFA) Office for 2-1/2 hours. The meeting was productive and a number of important issues were clarified. We were able to reach an agreement on an approach that Laguna Honda Hospital could use in its next Plan of Corrections submittal. The Plan of Correction will include addressing in greater detail decreases in the census, privacy and dignity in the open wards, individual closet space for residents, resident dining spaces, and therapeutic activity programs. With regard to the census we've committed to decreasing each open ward by 4 beds to allow the installation of individual closet spaces for the residents. These closets will be installed in the open wards to provide additional privacy for residents.

We intend to submit this addendum to our Plan of Correction on July 8, 1998. If the Plan of Correction is accepted, we would expect a follow-up very soon thereafter to assess whether we have met those early deadlines contained in our Plan of Correction. We also expect a repeat full survey no later than March of 1999. I will continue to keep the Commission informed about updates concerning Laguna Honda Hospital.

LHH's Hospice Unit Recognized

In the June 1998 edition of AARP's "Bulletin" Laguna Honda Hospital's Hospice Unit was recognized in an article describing hospice care programs. A color photograph appears of LHH Hospice patient Leon Medina, recently deceased father of Supervisor Jose Medina, surrounded by the LHH caregiving team. LHH's Hospice program has been featured twice and lauded for the quality of their program in AARP's Bulletin this year.

Completion of Radiology Department Renovation

The SFGH Radiology Department undertook a major renovation project last August, with the main objectives of updating the Fluoroscopy suite, Angiography suite, and one Computerized Tomography (CT) scanner, and adding a second CT scanner. Additionally, a new Magnetic Resonance Imaging (MRI) unit opened in July 1997. This reconstruction effort was done with multiple phases of inspections and approvals, in order to insure on-going operations of the Department. The final phase of renovation has been completed, with State Licensing granting approval for this last phase on June 25, 1998. All areas in the Radiology Department are now approved for patient care.

The impact on speed, efficiency and quality of patient care has been significant. MRI, CT and fluoroscopy imaging now take about half the time to perform with imaging quality greatly enhanced. The Fluoroscopy and Angiography suites have upgraded to digital imaging systems that have networking capability. Digitalization is a technology that computerizes radiologic images, speeds up the exam, causes less radiation exposure, and achieves superior imaging results. Finally, each of the Department's reconstructed areas has been made to be more appealing to the eye and include many upgrades such as ADA-compliant bathrooms and dressing rooms.

Mary Anne Johnson, M.D. Resigns

It is with sadness that I announce the resignation of Dr. Mary Anne Johnson from her duties as Medical Director of Laguna Honda Hospital effective September 30, 1998. Dr. Johnson has served in this capacity for 11 years. Prior to her appointment at Laguna Honda, Dr. Johnson was a UC employee at San Francisco General Hospital for seven years. She has been one of those rare individuals who possess both excellent clinical and administrative skills. Her contributions to the Department have been numerous. Dr. Johnson is leaving to become the Vice Chair of the UCSF Department of Geriatrics at the Veteran's Hospital Fort Miley Campus.

Dr. Maria Rivero will serve as acting Medical Director until such time as a permanent Medical Director is appointed.

CHN Quality Management Resignation
It is also with regret that I announce the resignation of Sue Currin, effective July 17, 1998. As the Director of the CHN Quality Management Program Ms. Currin has been instrumental in improving the quality of care at San Francisco General Hospital and throughout the Community Health Network. After 20 years of exemplary service to the Department of Public Health, and a time consuming commute from the East Bay, Sue has decided to accept a position with Kaiser in the East Bay. A farewell reception is planned for Ms. Currin on July 13th, 3:00 – 5:00 at the SFGH Cafeteria. We would be delighted if members of the Health Commission attended.

CHN Management Intern
On July 1, Connie Young began serving as the first Management Intern for the CHN. The one-year program is designed to develop a bridge from academia to practice, renew our commitment to minority recruitment and provide executive mentorship. Ms. Young holds a Master of Science from the Harvard School of Public Health with a concentration on Maternal and Child Health.

Habitat for Humanity Project
The Rehabilitation Department of SFGH is volunteering with the Habitat for Humanity project in the Mission District July 11, from 8:00-4:30. For more information, please contact Katie Thompson, or Lisa Bell, PT, 206-5776.

New STD Controller Hired
I am delighted to announce that Jeffrey Klausner, M.D., MPH began as the San Francisco STD Controller on June 15, 1998. As the Commission is aware our former STD Controller, Dr. Gail Bolan left the Health Department in April of 1997, after ten years of distinguished service to the Department of Public Health. We had to wait a long time to find someone of Dr. Bolan's capability and I am happy that after a very long search we were able to find such a person in Dr. Klausner.

Dr. Klausner is a graduate of Cornell University, received his M.D. degree at Cornell University Medical College and his MPH at Harvard School of Public Health. He was an Epidemic Intelligence Service Officer at the CDC between 1995 and 1997. During that time he was assigned to our Division of STD Control, which is how we came to know him and to recruit him for this position. During the last year he has been a senior fellow at the University of Washington Center for AIDS and STD. I believe Dr. Klausner will continue the tradition of excellence of our STD Division.

It is equally important to recognize the outstanding efforts of Wendy Wolf, MPA, who shepherded the STD Program for the last 16 months. Wendy has been with the Health Department STD Program for more than 15 years. She is one of its staunchest advocates and has been the glue that has kept this program together and made it the recognized national leader in STD control. As Interim Director, Wendy forged forward with important initiatives for the program, maintained staff morale, and contributed tremendously to the excellence of the program. She and Dr. Klausner will make a very strong team for the STD Program and I am very grateful to her for the support she has provided in this past year.
President Monfredini presented Wendy Wolf with a special Certificate of Appreciation from the Commission.

5) UPDATE ON THE SAN FRANCISCO MENTAL HEALTH PLAN AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE

Nancy Presson, Associate Director/Managed Care for Mental Health Services, and Louise Rodgers, Assistant Director of Managed Care, presented an update for the SF Mental Health Plan since it began on April 1, 1998 (Attachment B).

Public Speakers: in support of a supplemental request in order to provide a single standard of access for mental health services.

Bill Hirsh, Mental Health Association
Fancher Larson
Estela Reyes Garcia, Instituto Familiar de la Raza
Jane Kahan, Mental Health Association
Steve Fields, Progress Foundation
Marykate Connor, Caduceus Outreach Services
Chance Martin, Coalition on Homelessness
Johnnie Dorden, Coalition on Homelessness
Jennifer Freidenbach, Coalition on Homelessness
Steve Leoni, Coalition on Homelessness/Mental Health Association

Dr. Katz stated that any consumers served in the pilot phase will continue to be served. The Department would focus on consumers with the greatest need based on severity of the illness and economic circumstances.

Commissioners' comments:

- The Commission, from a fiscal and moral basis, strongly endorsed the original Commission Resolution #28-97.
- The question of gathering more data and information on the pilot project was raised. The 2-month data presented is not enough data.
- The Commission made an original commitment to a certain level of care.
- Need to validate data over a 4-month period (April through July).
- Need to have more detailed demographics of consumers using the services.
- The Commission should continue this item and extend the Pilot Phase for 60 more days.
- Need to evaluate systems for efficiency and the impact on finances.

By consensus, the Commission requested the Department to continue this item and also requested the Department to bring back the 4-month data (April through July) to the Commission in September.

6) UPDATE ON HEALTH FAMILIES

Tangerine Brigham, Director of Policy and Planning, presented an update on the California Healthy Families Program, which officially began on July 1, 1998 (Attachment C).

Commissioners thanked Ms. Brigham for comprehensive and clear report.

Commissioner Chow asked the Department to look at the role of other entities (i.e., SFCCC) in this plan. If the Department is in a partnership, then all of the partners would be on an even playing field and that the partnership would be in all activities, not just selected ones.

Commissioner Parker commented that, the plan is good, but the application (35 pages) is too long. Ms. Brigham stated that the application could be shortened and streamlined.

7) OTHER BUSINESS/PUBLIC COMMENTS

None

8) CLOSED SESSION:

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

None

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission voted to hold a Closed Session for this item.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

UNLITIGATED CLAIM AGAINST CCSF FILED BY THE BUSINESS SOFTWARE ALLIANCE FOR SOFTWARE INFRINGEMENT BY THE SFGH RADIOLOGY DEPARTMENT

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission unanimously voted to approve the $25,632.65 settlement for the unlitigated claim against CCSF filed by the Business Software Alliance for Software Infringement by the SFGH Radiology Department.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission unanimously voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
The Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-98

SUPPORTING THE SAN FRANCISCO HEALTHY CITIES: CHIPPS SENIOR INJURY PREVENTION COLLABORATIVE PROJECT

WHEREAS, the City and County of San Francisco was officially designated as a California Healthy City on December 1, 1993; and,

WHEREAS, previous Healthy Cities projects, including the Tenderloin Immunization Project, the Mission Immunization Project, and the Tenderloin Pedestrian Safety Project, have been completed; and,

WHEREAS, ongoing public, private and non-profit collaborative planning efforts have been dedicated to improving community outreach and education regarding the importance of preventing injury to seniors; and,

WHEREAS, the Department of Public Health is applying to renew its Healthy City designation by continuing to expand the Community and Home Injury Prevention Program for Seniors (CHIPPS) project's multi-sectoral community organizing efforts as a model for injury prevention; and,

WHEREAS, the San Francisco Commission on the Aging, under the new San Francisco Senior Services plan, has funded the first six of ten planned Senior Centrals, to provide for public and private collaboration to plan and coordinate culturally and linguistically appropriate senior services at the neighborhood level throughout San Francisco; and,

WHEREAS, the Department of Public Health, the Commission on the Aging, and the Senior Centrals are committed to integrating injury prevention education and service delivery into the collaborative community organizing effort; and,

WHEREAS, the intent of the Healthy City focus for San Francisco is to develop and implement culturally and linguistically appropriate health promotion strategies and explore creative avenues for community involvement and leadership to enhance the community's capacity to address injury prevention needs; and,

WHEREAS, the mission of the California Healthy Cities Project is to improve the health status of California residents by increasing the use of the Healthy Cities model for the promotion of health by local leaders, professionals, and residents within communities throughout the State; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-98 (Cont'd.)

WHEREAS, the Health Commission has expressed consistent support for the Healthy Cities concept, and supports Department efforts to continuously improve the public's health; now, therefore, be it

RESOLVED, that the Health Commission supports the application by the Department of Public Health to the California Healthy Cities Project for renewal of San Francisco's designation as a California Healthy City, through its continued development of the Healthy Cities: CHIPPS SENIOR INJURY PREVENTION COLLABORATIVE PROJECT; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco urges the Mayor and the Board of Supervisors to support the renewal of San Francisco's designation as a California Healthy City.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 7, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Status Report for S.F. Mental Health Plan
June, 1998

The Mental Health Plan has been operating since April 1, so we now have two months of authorization and cost data. What we are finding so far indicates that the level of need exceeds what we budgeted to provide for FY 98-99, for both Medi-Cal and uninsured beneficiaries. We expect to receive a $1 million dollar General Fund allocation to allow phasing in specific populations in 1998-99. This is to begin implementation of the policy of a single standard of access and care for Medi-Cal and uninsured beneficiaries.

The first section of the report summarizes our first two months of data and experience and projects a deficit if we implement the single standard of care fully in FY 98-99 for Medi-Cal and all uninsured and under-insured beneficiaries. The second section of the report identifies an eligibility strategy for phasing in the implementation of the single standard of access and care.

I. Pilot Phase Data

On April 1st, Community Mental Health Services officially started operations of the San Francisco Mental Health Plan (SFMHP). The SFMHP offers specialty mental health services for Medi-Cal beneficiaries through a contract with the State Department of Mental Health. Consistent with the Health Commission's February resolution, since April 1 the SFMHP has offered during the pilot phase the same Plan for uninsured San Francisco residents. Our expected FY 98-99 budget does not support full implementation of the single standard of access and care for this population. Our experience in the pilot months of April and May suggest that if we continue to try to serve everyone who calls us, we would incur a deficit in FY 98-99:

- Requests for Treatment in April and May: Since April 1, our Access Team has received between 70 and 100 calls a day, Monday through Friday. These calls as well as "walk-ins" to our clinics have resulted in authorizations during the months of April and May for treatment for 1947 new clients. We expect the number of requests for services to continue to rise. The volume so far has been based on almost no outreach: the State sent a one-time letter to all Medi-Cal beneficiaries and otherwise there has been informal word-of-mouth communication. At the current rate, with no increase in outreach, our client population would include 11,682 new clients by the end of FY 98-99. Slightly less than half of these (47%) would be Medi-Cal beneficiaries, and more than half would be uninsured or underinsured (53%). For comparison, in FY 96-97, our client population increased by 1620 clients compared to the year before.

- So far our risk has been artificially contained. As a result of either client acuity (ie need for rehabilitative services) or initial capacity limitations we had in the private provider network, sixty percent of our authorizations so far have been to our system of care clinics, and forty percent have been to private practitioners and private group practices. **Since the capacity in our clinics is fixed and they operate on negotiated budgets, our financial risk for referrals to those clinics is finite.** However, our clinic capacity is diminishing. The volume of care episodes underway in our system during the month of April this year was 13% higher (increase of 3151 episodes) than April last year. The waiting time for an appointment has increased, and several clinics including the South of Market Integrated Service Center and the Tenderloin Clinic had to close to new intakes at various times during April and May. **Once those clinics become full, more individuals will be referred to the private provider network.** The reimbursement for those services is on a fee-for-service basis, and capacity isn't limited as it is for the clinics. As a result, if we do not instruct our Access Team members to stop authorizing when they approach our budget limit, they could conceivably authorize more than we have budgeted to pay. If we were to maintain the current distribution of referrals, barring further capacity problems in our clinics, and assuming no outreach to potential clients, we project that our FY 98-99 costs for private providers will be $4.8 million dollars. If, as expected, capacity problems in the clinics result in increased referrals to private practitioners, the cost would increase to roughly $8 million dollars. The total FY 98-99 revenue for these services, including $1 million new General Fund dollars we expect for uninsured care, is $3.3 million dollars. **In other words, based on FY 98-99 revenue, utilization, and capacity projections, we estimate a deficit of up to $4.7 million dollars.** This projection includes the associated pharmacy costs based on the budget estimate ($755,274) we developed that was not funded for uninsured clients to receive antidepressants and other medications. There may be an additional shortfall because only $267,000 was funded of the $1.9 million dollar pharmacy budget request to offer our existing uninsured seriously mentally ill clients access to the same antipsychotic medications as individuals who have Medi-Cal.

- **If the demand for treatment continues at the current rate, we will serve 6200 new uninsured or under-insured clients next year.** This estimate may be low, because we expect the number of uninsured San Franciscans to increase as a result of welfare reforms resulting in the loss of Medi-Cal entitlements over time. The patient mix in our system has already begun to shift. During April and May, 62% of the uninsured/underinsured referrals were to our system of care clinics as opposed to the private provider network. **We may see a drop in these clinics' Medi-Cal revenue, as a consequence of the increasing percentage of uninsured clients in their patient mix.** We will review the patient mix data in our clinics for the months of April and May to determine if this is true, and if so, what financial impact it may have.

- We have been serving under-insured individuals who report that their insurance doesn't cover the mental health benefit they need or the insurance co-pay is unaffordable. This is not a departure for us as the public safety net. For example, in FY 96-97, CMHS provided over $2 million dollars worth of care to 1635 Kaiser members. However, now that we have broader medical necessity criteria and a broader benefit including private practitioner services, we have increased our risk by incurring treatment costs that are normally covered through private insurance. In the first week of April, the Access Team authorized $44,070 worth of this type of care for 47 individuals. One week later, the Access Team began to refer individuals back to their insurers when they were requesting a service that would be covered through their own coverage. This redirection was a response to initial capacity problems, not a policy directive, and it did not change the County's role in providing a safety-net for seriously mentally ill individuals whose needs are not met through their insurance.

II. Eligibility Proposal for Phasing in Single Standard of Care in the SFMHP

The State mandates that the SFMHP serve all San Francisco Medi-Cal beneficiaries. Health Commission policy supports providing an equal standard of access and care for the indigent and uninsured. We have interpreted this policy to include a single formulary for medications as well. The FY 98-99 budget allows phasing in eligibility over a number of years in order for the Mental Health Plan to implement this policy fully. We will narrow the eligibility criteria for the uninsured/underinsured mental health benefit. Other initiatives to address the health insurance needs of San Francisco's uninsured populations are in development, for example the Blue Ribbon Commission's proposal *Achieving Health Insurance for San Francisco's Uninsured* and the Healthy Families program. We will implement the single standard of access and care in phases, dovetailing with other initiatives for the uninsured. This would mean continuing to maintain our role as the public safety-net for seriously mentally ill and seriously emotionally disturbed individuals, but initially providing expanded coverage only to the following populations: Medi-Cal and General Assistance beneficiaries, homeless, and children up to 200% of federal poverty (who are eligible for Healthy Families).

This narrowing would not affect services to clients authorized during the pilot phase. We will continue to serve those clients according to their mental health needs.

As the other initiatives for the uninsured unfold, we would re-evaluate expanding coverage for other populations. The chart on the next page summarizes the coverage we would provide compared to our current practice.

ELIGIBILITY FOR SFMHP SERVICES

Currently, all of the populations below are eligible for any SFMHP service. The following chart shows the proposed benefit:

Payor:	Safety -Net for SMI/SED[1]	Expanded[2]
S.F. Medi-Cal 104,000 eligibles	✓ 14,450 est. users	✓ 3700 est. users
S.F. G.A. and Homeless 18,000 eligibles	✓ 2160 est. users	✓ 750 est. users
Child 200% of Federal Poverty (Healthy Families) 6,000 eligibles	✓ 120 est. users	✓ 250 est. users
All Other Uninsured 106,000 eligibles	6250 est. users includes the under-insured ✓	uncovered: 4200 est. users
Under-Insured[3] for mental health 530, 705 eligibles	✓	covered through their own insurance

[1] Safety-net benefit includes the full range of rehabilitative/case management services (including crisis/emergency services) for individuals who are seriously mentally ill/seriously emotionally disturbed (SMI/SED). We expect to be able to cover the individuals in these categories as we always have without incurring a deficit.

[2] Expanded benefit includes appropriate treatment for individuals who are not SMI/SED but who have a DSM IV diagnosis and either a significant impairment in life functioning or a probability of significant deterioration. We are required to offer this expanded benefit to Medi-Cal beneficiaries. We project that with our $1,000,000 allocation we can offer this benefit along with associated medications to General Assistance beneficiaries, homeless, and children 200% of federal poverty level.

[3] Coverage of under-insured individuals would be limited to those who are seriously mentally ill/seriously emotionally disturbed, who require safety-net services and whose mental health benefit does not cover the services they need. To confirm this, we would require the insurer to initiate referrals. We would work with the large insurers to assure they provide the benefit they have contracted to provide, and to clarify their role in the interface and referral process to our safety-net services.

ELIGIBILITY FOR SFMHP SERVICES
POSSIBLE PHASE II AND III

The preceding chart identifies populations that could be served within the FY 98-99 budget without incurring a deficit. That proposal assumes that safety-net services will be covered for all populations. The following chart identifies additional uninsured populations that would be phased in for expanded coverage when funding is available.

Remaining Uncovered Uninsured Population	Estimated Users	Projected Cost[2]
47,750 eligibles below 200% of FPL[1]	2000 users	$ 2.3 million
50,700 eligibles above 200% FPL	2200 users	$2.5 million
Total	4200 users	$4.8 million

1. 200% of Federal Poverty Level is $21,700 for family of two. This figure (47,750) was derived by subtracting already covered populations from the 78,000 uninsured individuals below 200% of FPL. Source: *Achieving Health Insurance for San Francisco's Uninsured,* a report of the Mayor's Blue Ribbon Committee on Universal Health Care.

2. including associated pharmacy costs

City and County of San Francisco **Department of Public Health**

Mitchell H. Katz, M.D.
Director of Health

TO:	Lee Ann Monfredini, President and Members of the Health Commission
FROM:	Mitchell H. Katz, M.D. Director of Health
RE:	California's Healthy Families Program Update
DATE:	**June 30, 1998**

This memorandum provides the Health Commission with an update on California's Healthy Families Program. The program officially begins this week in California on July 1, 1998. In addition, this memorandum highlights some of the major issues relating to the program that may affect the Department of Public Health.

Introduction

California's Healthy Families Program is designed to provide health care coverage to approximately 580,000 uninsured children. The program is a result of Title XXI of the federal Social Security Act which allocates $3.9 billion in block grants to states to expand health coverage over the next five years for uninsured, low-income children.

The California Managed Risk Medical Insurance Board (MRMIB) has administrative responsibility for the Healthy Families Program (HFP). In March, 1998 the Health Care Financing Administration (HCFA) approved California's Healthy Families Program State Plan. This approval allows the State to receive federal matching funds.

An estimated 13,000 children are uninsured in San Francisco. Of those children, an estimated 3,000-6,000 are eligible HFP because their family income is between 100% and 200% of FPL. As can be seen, implementation of HFP will not cover all uninsured children. This is because:

- some uninsured children are eligible for Medi-Cal but not enrolled,
- some uninsured children reside in families with household income over 200% FPL, and
- some uninsured children are ineligible for HPF due to their legal status (e.g., undocumented residents).

(415) 554-2600 101 Grove Street San Francisco, CA 94102

Basic Program Design and Health Services

In general, the benefits package offered to children under HFP is quite comprehensive, covering physical health, mental health, vision and dental. Below are descriptions of the basic eligibility and benefits package.

A. Eligibility Requirements

Children are eligible for HPF if they meet the following requirements:

- child must be aged one year old up to his or her 19th birthday,
- family income must be at or below 200 percent of federal poverty level (FPL),
- child must not be eligible for no-cost Medi-Cal coverage,
- child must not have been covered by a public, private, or employer-sponsored insurance policy within the previous three months,
- child must be a U.S. citizen or eligible legal immigrant,
- child must live in California, and
- child must have no health insurance.

The Child Health and Disability Prevention Program (CHDP) will serve as a feeder into HFP, since in addition to Medi-Cal eligibles, it covers uninsured children under 19 years of age with a family income at or below 200 percent of the FPL. CHDP provides regular preventive health assessments to eligible children and youth to identify any health problems.

B. Benefits Package

The HFP will provide health insurance coverage (health, dental and vision) to all eligible children. The type of coverage offered resembles that currently offered to State employees. All plans participating in the program will provide a standardized set of benefits. The benefit package includes:

- Coverage for medically necessary hospitalization
- Physician, medical and surgical services
- Inpatient and outpatient services
- Prescription drugs
- Well-child care services
- Family planning services
- Mental health services
- Occupational, physical and speech therapies
- Laboratory and X-ray services
- Dental benefits, including preventive and diagnostic services
- Vision benefits including annual exams and eyeglasses

Implementation

The MRMIB began implementation of HFP with adoption of the program's State regulations and federal approval of the State plan. Aspects of the program have been changed slightly as a result of either implementation problems or the need to simplify the program.

In May 1998, California amended its State Healthy Families Plan. The amendment revises HFP to eliminate income deductions for determining eligibility for families with income below 200 percent of the FPL, the maximum eligibility level. As submitted in November 1997, the State Plan indicated that California would apply income deductions for the HFP. The State submitted the amendment at the Governor's request. The Administration was concerned that the application of income deductions for the top eligibility range would result in families becoming eligible for HFP whose gross income was higher than the 200% specified in the authorizing statute. The State will continue to use the Medi-Cal income deductions at the lower income levels for eligibility determination to ensure that no child who would have been eligible for Medi-Cal is enrolled in HFP.

A. Participating Health Plans in San Francisco

In order to implement the program, MRMIB issued a request for proposals seeking health, dental and vision plans to contract with. MRMIB also had to designate a Community Provider Plan. In San Francisco, the plans are as follows:

Health Plans
- San Francisco Health Plan
- Blue Cross HMO
- Blue Shields HMO
- Health Net
- Kaiser Permanente

Dental Plans
- DentiCare
- Delta Dental

Vision Plan
- Vision Services Plan

The San Francisco Health Plan (SFHP) was designated as the Community Provider Plan in San Francisco. The Community Provider Plan is the health plan that includes the highest percentage of safety net providers (e.g., CHDP providers, clinics and hospitals that serve low-income populations). Families receive a premium discount per child per month if they choose the Community Provider Plan. SFHP is the Community Provider Plan with both dental plans. Thus, combinations consists of: (1) the SFHP, DentiCare and VSP and (2) the SFHP, Delta Dental and VSP.

B. Cost to Beneficiaries

Families will pay a monthly premium based on their income, family size and the type of health plan they choose. In addition, families pay co-payments for some non-preventive services when they go for visits. Families that prepay three consecutive months of premiums will receive the fourth month free. If coverage is cancelled due to non-payment of premiums, a family may be required to wait up to six months before it can re-enroll its child(ren).

For San Francisco families the premium cost for HFP is as follows:

Health Plan	**Dental Plan**	**Vision Plan**	**Category A (100-150% FPL)**		**Category B (151-200% FPL)**		
			1 child	2 or more	1 child	2 children	3 or more
SFHP	DentiCare	VSP	$4	$8	$6	$12	$18
SFHP	Delta Dental	VSP	$5	$10	$7	$14	$21
All other plan combinations of health, dental and vision plans			$7	$14	$9	$18	$27

C. Memoranda of Understanding

The HFP requires that by July 1, 1998, all participating HFP health plans have two signed Memoranda of Understanding (MOU), one with the local California Children Services (CCS) program and the other with the County Mental Health Department. The dental and vision plans require only one signed MOU with the local CCS program.

CCS provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 years with certain CCS-eligible medically handicapping conditions. Examples of CCS-eligible conditions include: chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy and heart disease; cancer, infectious diseases producing major sequelae, and traumatic injuries. If a child's health care provider suspects that the child has an eligible condition, a referral will be made to the local CCS program. CCS will determine if the child has an eligible condition, and if so, will provide all treatment and services for that condition. The child will remain enrolled in HFP for all other care.

The county mental health program provides mental health services and case management for children and adolescents diagnosed with Serious Emotional Disturbance (SED). Children and adolescents who are identified as SED have disorders which generally result in behavior inappropriate to the child's age according to expected developmental norms. If a child's health care provider suspects that a SED condition exists, the provider will make a referral to mental health for a diagnosis. The child will remain enrolled in HFP for all other care.

D. Alcohol and Drug Treatment Services

HFP offers inpatient hospital detoxification and 20 outpatient visits per benefit year for crisis intervention and treatment of alcoholism or drug abuse as medically appropriate. Participating health plans have the option of offering additional outpatient visits.

MRMIB, in consultation with the Department of Alcohol and Drug Programs was required to report to the Legislature on the viability of using federal Title XXI funds to provide additional alcohol and other drug (AOD) services for children enrolled in HFP. The report recommended that treatment capacity needs should be reviewed and that data was needed to estimate the potential demand for treatment services before federal Title XXI funding is pursued.

E. Healthy Families Program Administrative Vendor - EDS

While the MRMIB has administrative responsibility for the Healthy Families Program (HFP), it will contract with Electronic Data Systems (EDS) to provide administrative support for the program. Currently, MRMIB has contracts with entities to provide administrative support for the other three insurance programs it oversees (e.g., Health Insurance Plan of California, Access for Infants and Mothers, and Major Risk Medical Insurance Program). EDS will have responsibility for all day-to-day administrative support for HFP (e.g., eligibility determination, enrollment and disenrollment, printing and translation of program materials, payment of application assistance fee, toll free telephone lines, network information services, etc.).

F. Public Health Linkages

There is only limited direction given about linkages between public health programs and Healthy Families. Over the next several months Population Health and Prevention will convene an internal workgroup to examine opportunities to create more comprehensive mechanisms of ensuring that Healthy Families contractors incorporate public health activities into the provision of personal health care services.

G. Unresolved Issues and Impact on Implementation

This section highlights several key issues related to the challenges of implementing HFP within the State.

Demand

It is unclear whether or not families will participate in HFP for several reasons including the following:

- Health insurance vs. health services - Some families do not equate insurance with the provision of services. If they have access to necessary health care by using community-based clinics or emergency rooms, they may determine that paying a monthly premium is not worthwhile given their limited family income.
- Stigma of public assistance - Although HFP is not an entitlement program and has characteristics similar to employer-based health coverage, some families may perceive the program as being related to public assistance, which has a stigma attached to it .
- Language and literacy barriers – The process of applying for HFP is time consuming and complex. Language and literacy barriers may prevent some families from applying for the program even though the program's written material is in 10 different languages.

Immigrant/Public Charge Issue

The HFP application requires documentation regarding a child's immigration status. Requiring documentation may be a significant deterrent for children of immigrants in accessing the program. Undocumented immigrant parents may decide not to enroll their child(ren) in HFP due to a fear of being reported to the Immigration and Naturalization Service. In addition, it is unclear whether or not receipt of Healthy Families benefits would be considered a public benefit and if so, if it would affect a legal immigrants' application for citizenship. Legal immigrant parents may fear having to pay back the State for health services that their child(ren) received or being denied citizenship.

Vaccines for Children

The Vaccines for Children (VFC) Program is a federally-funded and state-operated vaccine supply program. It supplies vaccines at no cost to all public and private health care providers who serve targeted children. Children who qualify for the VFC program include CHDP/Medi-Cal eligibles, American Indian or Alaskan Native children, children without health insurance or those whose health insurance does not include vaccinations.

Because California's HFP does not cover Medi-Cal recipients or the uninsured, it is not eligible to receive free vaccines through VFC for children in this program. Under current Healthy Families regulations, health plan premium estimates will include costs associated with providing and administering vaccinations to all beneficiaries. The State is investigating the option of purchasing vaccines for children at a discount and setting up a State distribution system.

Education and Outreach

Under Healthy Families, funding for outreach and education is not under the jurisdiction of MRMIB, but with the State Department of Health Services (State DHS). The Department is very concerned about the obvious disconnect between funding for outreach (with State DHS) and the program's administration (MRMIB). We believe that under this situation, it will be critical for State DHS and MRMIB to coordinate activities.

State DHS has entered into a four-year contract with Runyon Saltzman & Einhorn, Hill and Knowlton, and Richard Health and Associates to conduct a comprehensive statewide community outreach and education campaign. The State has identified three components of the outreach campaign: (1) BabyCal, designed to educate women about the importance of prenatal care, (2) Healthy Families and (3) Medi-Cal managed care. The campaign will use a combination of community outreach and traditional media to educate families. The contract totals $86.5 million (February 1, 1998 to June 30, 2001).

Richard Health and Associates, Inc. is conducting the community outreach portion of the campaign. It works with local communities to enroll children into HFP and Medi-Cal. DHS and MRMIB have established an application assistance compensation fee of $25 to be paid to organizations for each application which results in an enrollment for either

HFP or Medi-Cal. For an organization to receive the fee, its staff must attend a no-cost training to become Certified Application Assistors. Other outreach activities include sponsorships with private industry, and traditional media relations and advertising to reach the targeted population. HFP handbooks and applications have been finalized.

The Community Health Network (CHN) is a Certified Application Assistor and is training all of its eligibility workers in the new Medi-Cal and Healthy Families Program. Maternal, Child and Adolescent Health has also been approached by the outreach contractor to serve as Certified Application Assistors to enroll children in the program and direct those (when appropriate to Medi-Cal). We believe that our Population Health and Prevention Division also has a responsibility to educate other organizations and the larger community about Healthy Families. As much as possible we will work to ensure that families know about the opportunities available to them to secure health insurance and health care services. In addition, we will continue to serve as a resource to other organizations, providing them information about this and other programs that serve children.

Department of Public Health Participation in Healthy Families

Following the formation of the Department's Healthy Families Work Group the CHN formed a CHN Healthy Families Task Force. The Task Force meets bimonthly; and its goals are to: (1) disseminate and track program information received from MRMIB and program vendors, (2) plan, develop, and conduct staff and provider education and orientation about the new program, and (3) develop a project plan to operationally implement outreach and enrollment. To date, the Task Force has either made available or provided Healthy Families orientations to all primary care provider sites, CHN leadership, clinic administrators and operational staff, nurse managers, and eligibility workers.

A. Provider Network

The CHN is a provider with the San Francisco Health Plan for Healthy Families. The CHN Healthy Families provider network essentially mirrors the Medi-Cal managed care network of SFGH, community-oriented primary care clinics, hospital-based clinics, San Francisco Community Clinic Consortium clinics, and independent affiliated providers, with the exception of providers and sites that do offer services to the Healthy Families eligible population.

Healthy Families enrollment began June 1, 1998 (i.e., this was the date that families could begin completing applications to have their child(ren) enrolled with a health plan effective July 1, 1998). As of the writing of this report, the San Francisco Health Plan had 44 Healthy Families members. Of those, 23 (52%) families had chosen the Community Health Network as their child's provider.

The CHN is contracting with SFHP to provide all eligible health services. The exceptions are: mental health, substance abuse services, acupuncture, chiropractic and biofeedback services. Mental health and substance abuse will be carved out by the

SFHP and will be provided directly to the San Francisco Mental Health Plan. Acupuncture, chiropractic and biofeedback will also be carved out at the health plan level by SFHP.

The Department has engaged in an exclusive relationship with the SFHP for assigned capitated primary care patients. As stated above, clinics within the San Francisco Community Clinic Consortium (SFCCC) are sub-contracting with the CHN. The SFCCC clinics are participating in the San Francisco Health Plan and other commercial health plans. In order to offer a continuum of care for families who select a SFCCC provider through a commercial health plan, San Francisco General Hospital and the Clinical Practice Group have entered into fee-for-service arrangements with commercial health plans for specialty and acute care services for these enrolled children.

In addition, the Office of Managed Care and the Community Health Promotion and Prevention Branch are initiating the contract process to ensure that CHN dental providers are on the dental provider panels for Delta and DentiCare, the two dental plans selected by MRMIB to operate in San Francisco.

B. Outreach and Enrollment

CHN data indicate that we serve approximately 4,000 sliding fee scale children and adolescents, many of whom will now be eligible for Medi-Cal or Healthy Families. The most current estimate suggests that there are about 4,500 San Francisco Healthy Families eligibles. Since we serve a high percentage of this population already, drawing from our Medi-Cal managed care experience, we feel that our efforts for education, outreach and enrollment should be primarily focused on provider/clinic sites. In addition, we are in the process of identifying community-based organizations (CBOs) that may be interested in partnering with us in Healthy Families outreach.

In order to achieve these goals we have briefly outlined a four-phase process:

In the pre-enrollment phase DPH:

- Oriented CHN, SFGH, UCSF and Population Health and Prevention staff that serve children to the new program
- Adapted State and outreach vendor marketing materials for CHN use.
- Identified and published a CHN informational telephone number, and log all calls.
- Hired three multi-lingual enrollment specialists within the CHN.
- Started Healthy Family a business rollout to prepare for implementation of the program.

In the ongoing pre-enrollment phase, DPH:

- Became a State authorized trainer for application assistors. We sponsored a Bay Area wide State trainer course on March 18, 1998, June 3, 1998 and June 29, 1998. We offered training slots to our collaborative CBO partners.

- Developed a process for making necessary information system changes related to patient financial services – allows us to track pending Medi-Cal and Healthy Families applications.
- Developed a schedule for clinic enrollment days, hospital enrollment days, appointment days, summer health fairs, CBOs, and schools.
- Training the enrollment specialists and all CHN eligibility workers about the new Medi-Cal and Healthy Families application.

In the enrollment phase, DPH:

- Began enrollment June 1, 1998.
- Developed a provider operations manual training.

During the implementation phase, DPH will:

- Begin program implementation on July 1,1998.
- Develop a CHN welcome package.

Outstanding Statewide Issues

Healthy Families Program is an exciting program that could provide health insurance coverage to some children in San Francisco who would otherwise be uninsured. However, unlike the Medi-Cal program, HFP is not an entitlement. It is health care insurance that has to be marketed to families in a way that makes it appear attractive and affordable. Several concerns exist regarding the program.

The Department is concerned that the State plan does not allow emancipated minors to participate in Healthy Families Program. This is because the State legislation, Assembly Bill 1126 (Villaraigosa), did not address this issue. Uninsured emancipated minors should be eligible for this program. Emancipated minors are authorized to give their legal consent to medical treatment. We believe that the State should amend the State legislation by expanding the definition of eligible children to include emancipated minors. In addition, the Department believes that some provisions and programmatic changes must be made to accommodate adolescents who are not living at home and are not emancipated. These adolescents require general health care services along with family planning, STD, mental health, substance abuse and sexual assault services.

The Department also supports efforts to determine if undocumented, uninsured children may be provided health care coverage through creation of a state-only funded program. Title XXI prohibits the use of these federal funds for undocumented children.

The Department encourages the State to review the issue of expanding eligibility to others (e.g., (1) parents, (2) legal immigrants who arrived in the U.S. after August 22, 1996, (3) families with higher income levels – those over 200% FPL and (4) families with low incomes that might qualify for the program if income disregards were applied). We also believe that the State should determine if benefits package can be expanded (e.g., substance abuse services). The Department also recognizes that the use of health care premiums and co-payments for this population has not been tried before in California. As such, we believe that it is critical for the State to monitor whether the imposition of premiums impedes a child's access to care for low-income parents.

At this time, MRMIB staff is recommending that MRMIB not support any legislation that attempts to change the HFP before the program becomes operational. Given the fast pace with which this program has moved to implementation, MRMIB staff anticipates that there will be significant start-up issues and that these must be addressed before making legislative changes to the program. However, the Department is committed to fostering program expansion to the extent feasible to provide coverage to an even greater number of San Franciscans and California.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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1/98

AGENDA

HEALTH COMMISSION MEETING

July 21, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 7, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Reconsideration of a request for approval of a new contract with The Lewin Group, in the amount of $160,000, to provide Strategic Planning Services for the Community Health Network for the period of July 1, 1998 through June 30, 1989.

(3.2) Status report for the California AIDS Intervention Training Center: Women and Families Community Health Project.

(3.3) **DPH** – Report of Annual Gifts received in FY 1997-98.

(3.4) **CHN-SFGH** – Request to approve an amendment to the Performance Agreement between the San Francisco Health Plan and the Community Health Network to include the In-Home Supportive Services line of business.

(3.5) **CH&SS-Community Health Epidemiology** – Request for approval to accept and expend a grant in the amount of $85,012 from Public Health Foundation Enterprises, Inc., to provide acute hepatitis surveillance for the period of July 1, 1998 through December 31, 1998.

(3.6) **PH&P-CHS-SAS** – Request for retroactive approval of first modification to the contract with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $801,623, to provide new Oshun Program Start-up, Outpatient, Day Treatment and Prevention Services for women and their families in the Tenderloin, for the period of January 1, 1998 through June 30, 1999; and Research/ Conference, Administrative Support, Mentoring, Acupuncture and Emergency Shelter staffing for the San Francisco Target Cities Project, for the period of October 1, 1997 through June 30, 1998. (DPH contracted with HAFC for services totaling $10,606,732 during FY 1996-1997).

(3.7) **PH&P-CHS-HIV Services** - Request for approval of 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I, new service awards for dental services from RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services, in the amount of $649,600, for the period of August 1, 1998 through February 28, 1999.

(3.8) **CHN-Primary Care-Homeless Services** – Request for retroactive approval of contract with Central City Hospitality House (CCHH), in the amount of $520,579, to provide drop-in center for peer counseling, self-help groups, training advocacy and case management services in the Tenderloin for the period of July 1, 1998 through June 30, 1999. (DPH contracted with CCHH for services totaling $520,579 during FY 1997-98).

4) **DIRECTOR'S REPORT**
(Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

5) **PRESENTATION OF THE FIRST DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD(S)**

6) **UPDATE ON LAGUNA HONDA HOSPITAL**

7) **CONSIDERATION OF APPROVING THE SAN FRANCISCO GENERAL HOSPITAL COMPETENCY COMPLIANCE REPORT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
mmissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
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HEALTH COMMISSION
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ADDENDUM

TO

AGENDA
OF THE BUDGET COMMITTEE

HEALTH COMMISSION MEETING

Tuesday, July 21, 1998
2:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

The following item is to be added to the Budget Committee Agenda at the above meeting:

(3.9) Consideration of the FY 1998-99 Patient Rates for the Department of Public Health Services.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 21, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 7, 1998

Action Taken: The Commission unanimously adopted the minutes of July 7, 1998, with the addition of the following names to #3.1:

- Haile Debas, UCSF Vice Chancellor, Medical Affairs; and Dean of the U.C. Medical School
- William Kerr, Executive Vice President and Operating Officer for UCSF Stanford Health Care
- Patricia Perry, Senior Vice President for Strategic Development
- Reece Fawley, Vice President for Health Plan Services

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Reconsideration of a request for approval of a new contract with The Lewin Group, in the amount of $160,000, to provide Strategic Planning Services for the Community Health Network for the period of July 1, 1998 through June 30, 1999.

Commissioner Barnes commented that the July 20, 1998 letter submitted from Quintiles Transnational Corp. is a good start. She supports moving forward with this contract and requested a report from the Nominating Committee be submitted to the Commission in September. She raised questions regarding the total number of Board slots, if there are term limits, and when will be the next opening on the Board. Additionally, Commissioner Barnes, underscoring Commissioner Chow's recent request to the Department to re-look at Policy #24, requested the Department to see if the criteria of direct services vs. consultant services and local vs. national companies be taken into consideration.

Commissioner Hill supported the approval of this contract.

Commissioner Sanchez stated that concerns raised regarding compliance to Policy #24 do not reflect on the competency of the project staff but rather to the spirit of compliance with the diversity policy. Recently, he was in North Carolina and noticed the diversity of the population in Research Triangle Park. The Board's compliance to Board diversity is a good opportunity to reflect the diversity of the population.

(3.2) Status report for the California AIDS Intervention Training Center: Women and Families Community Health Project.

A positive progress report was submitted to the Commission.

(3.3) **DPH** – Report of Annual Gifts received in FY 1997-98.

Commissioner Barnes requested information about the administration of the Public Health Foundation.

(3.4) **CHN-SFGH** – Request to approve an amendment to the Performance Agreement between the San Francisco Health Plan and the Community Health Network to include the In-Home Supportive Services line of business.

Resolution #27-98, "Approving a Proposal to Provide Health Insurance to In-Home Supportive Services Workers Providing Care to Medi-Cal Recipients who Reside in San Francisco", (Attachment A), was recommended for approval.

(3.5) **CH&SS-Community Health Epidemiology** – Request for approval to accept and expend a grant in the amount of $85,012 from Public Health Foundation Enterprises, Inc., to provide acute hepatitis surveillance for the period of July 1, 1998 through December 31, 1998.

(3.6) **PH&P-CHS-SAS** – Request for retroactive approval of first modification to the contract with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $801,623, to provide new Oshun Program Start-up, Outpatient, Day Treatment and Prevention Services for women and their families in the Tenderloin, for the period of January 1, 1998 through June 30, 1999; and Research/ Conference, Administrative Support, Mentoring, Acupuncture and Emergency Shelter staffing for the San Francisco Target Cities Project, for the period of October 1, 1997 through June 30, 1998. (DPH contracted with HAFC for services totaling $10,606,732 during FY 1996-1997).

This item was divided into two sections, the first section (i.e., new Oshun Program) being continued to a future meeting due to the implementation of Proposition I, which was approved by the voters this past June; and the second section (i.e., Target Cities Project) being considered today.

(3.7) **PH&P-CHS-HIV Services** - Request for approval of 1998-99 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I, new service awards for dental services from RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services, in the amount of $649,600, for the period of August 1, 1998 through February 28, 1999.

For this item, the Community Dental Services Decentralized Dental Services at $332,500 is being continued to a future meeting due to Proposition I.

Commissioner Sanchez abstained on the UCSF Center on Deafness item due to conflict of interest.

(3.8) CHN-Primary Care-Homeless Services – Request for retroactive approval of contract with Central City Hospitality House (CCHH), in the amount of $520,579, to provide drop-in center for peer counseling, self-help groups, training advocacy and case management services in the Tenderloin for the period of July 1, 1998 through June 30, 1999. (DPH contracted with CCHH for services totaling $520,579 during FY 1997-98).

In 60 days, the Department will provide a status report on compliance to Policy #24.

Commissioner Barnes requested the Department to look at outcome measures.

Commissioner Sanchez commented that this is a good monitoring report.

(3.9) Consideration of the FY 1998-99 Patient Rates for the Department of Public Health Services.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except the items continued in #3.6 and #3.7, and with specific follow-up for #3.1 and 3.8.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

POPULATION HEALTH AND PREVENTION

Fire-Based EMS Services

The merger of the Paramedic function into the Fire Department continues to make progress towards our goal of optimizing Emergency Medical Services for San Francisco residents. The Criteria Based Dispatching System has been fully implemented at the Fire/EMS Dispatch Center, which has resulted in improved call taking (pre-arrival instructions to callers) and increased the level of response. This has resulted in no call queuing (calls for assistance awaiting assignment of a response) and decreased numbers of unanticipated red-lights-and-sirens transports of patients (an indicator of mismatching patient need to EMS response). The EMS Section will be making a preplanned site visit in August to evaluate the implementation process.

Ambulance call volume remains higher than projected, based on historical parameters, with 200 to 250 dispatches per day (an increase of 20-30%). The Fire Department was approved for funding for an additional ambulance in the 1998-1999 budget process. In addition, the Fire Department continues to work hard to develop other options, including capping the number of calls to a particular unit with a mandatory rest period after the cap is reached, redistribution of lower-acuity calls, and system status management when staffing levels fluctuate. The contract for the new EMS positions with Local 798 has been approved, and recruitment for these positions will continue as the workload solutions are implemented. The Fire Department will make a presentation to the Health Commission in September, which will include further information on the site visit and workload improvement issues.

Food Handling Class

Every summer the California Department of Education, United States Department of Agriculture (USDA), and the Mayor's Office of Children and Youth and their Families (MOCYF), contract with the San Francisco Unified School District (SFUSD) to provide meals to school children during the summer vacation. Approximately 100 sites are being used this year for food service. These sites include community centers, some public schools, and Recreation and Park facilities.

To ensure safe food handling and the highest levels of sanitation these various sites are inspected by staff from Environmental Health.

In preparation for the program, Environmental Health staff provided a comprehensive food handling class, based on Hazard Analysis Critical Control Point (HACCP) Principles, to 115+ site Supervisors. The classes emphasized basic food microbiology and the cause of food borne illnesses; proper food storage/temperatures and how to log food temperatures; proper hand washing; how to inspect the integrity of all foods and the criteria for rejecting unwholesome products. Environmental Health staff are making an extra effort to prevent problems that occurred last year with the Summer Food Program.

June statistics are available in the Commission Office.

5) PRESENTATION OF THE FIRST DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD(S)

On behalf of the Commission and Department, President Monfredini presented the Employee Recognition Awards to the following Department of Public Health employees:

Employe Name	Division	Nominated by
Sharlyne Balano	CHN/SFGH-OR/SPD	Deanna Mooney
Sheryl Calson	CHN/SFGH-Nursing	Anne Hughes
David Lo	Public Health/CHPP	Christine Martin
Paul O'Malley	Pub. Health/ HIV Research Sect.	Susan Buchbinder
Karen Yu	PH/BEHM/Special Projects (Env. Health Mgmt. Div.)	Richard Lee

Team Nominee	Division	Nominated by
Brenda Barros Omar Carvallo	CHN/SFGH-Primary Care/Adult Medical Center	Dean Schilling, M.D. Bob Alaniz Trisha Winder

President Monfredini described each employee's achievements and accomplishments in their jobs. The Commissioners and Dr. Katz congratulated each employee.

6) UPDATE ON LAGUNA HONDA HOSPITAL

Dr. Mitch Katz, Director of Health, provided the following update:

On July 10 we learned that HCFA had accepted our most recent Plan of Correction, (Attachment B). Among many changes, the Plan of Correction includes an action to reduce the census in the open wards at Laguna Honda Hospital. We will accomplish a reduction of census with a moratorium on new admissions, except patients coming from San Francisco General Hospital, who have no suitable alternative placement, and by relocating existing doctors' and nurses' offices to increase our number of semi-private rooms for residents. We have also established a Level of Care Task Force whose membership includes participants from various community agencies. The charge of the Task Force is to identify residents who may be cared for in a less restrictive and more appropriate environment outside of Laguna Honda Hospital. The recommendations of the Task Force will include a safe discharge plan for those identified residents.

While I am pleased with our present agreement with HCFA, Laguna Honda Hospital continues to face serious challenges to its future. We are negotiating with the Department of Justice over a variety of other issues identified in their findings letter. We have asked the Department of Justice (DOJ) to consider our Plan of Correction to HCFA as evidence of our commitment to make substantial changes to improve the quality of life for residents at Laguna Honda Hospital. Through negotiations, I remain hopeful that the DOJ will find that their further intervention is unnecessary.

Yesterday, (July 20, 1998), the Mayor met with Dr. Katz and other City officials, including labor, to discuss a direction for Laguna Honda Hospital. With the recent groundswell of public support and the City leadership's support for Laguna Honda Hospital, the Mayor would like to go forward with a bond measure for the November 1998 election. The Mayor is recommending to the Board of Supervisors to build a new Laguna Honda Hospital with 1200 beds at the existing site, retrofitting Clarendon Hall for seismic requirements, and no relocating of existing residents.

At the July 20, 1998 Board of Supervisors' meeting, the Board passed a series of resolutions waiving the usual 30-day waiting period for all new legislation and keeping the City's debt ratio low through creative financing. The Board will schedule two special public hearings for Thursday, July 23, 1998 at 1:30 p.m.; and Tuesday, July 28, 1998 at 2:00 p.m.

Dr. Katz stated the Department will continue to push for non-institutional care; but the projections show that the need for skilled nursing facility beds will increase.

Commissioner Barnes thanked the Mayor for his leadership role to address the vital needs of the present and future elderly of the City and County.

Commissioner Sanchez commended the Department and President Monfredini for promoting the quality of care and the needs of our patients at Laguna Honda Hospital.

Commissioner Parker commended the Department for the progress being made at Laguna Honda Hospital. He stated that our humanity is based on how we treat our elderly.

Public Speakers:	Naomi Gray, former Health Commissioner of the original Health Commission

With these latest developments, President Monfredini requested the Commission to consider adding an item (Consideration of a Resolution Supporting a Bond Measure for Laguna Honda Hospital) because the issue arose after the agenda out to the public; and because the need to take immediate action on the item is so imperative as to threaten serious injury to the public interest if action were deferred to a subsequent special or regular meeting.

Action Taken: The Commission unanimously voted to add this item to the agenda for the reasons cited.

Action Taken: The Commission unanimously adopted Resolution #28-98, "Supporting a General Obligation Bond to Rebuilt and Retrofit Laguna Honda Hospital," (Attachment C).

7) CONSIDERATION OF APPROVING THE SAN FRANCISCO GENERAL HOSPITAL COMPETENCY COMPLIANCE REPORT

Rod Auyang, Human Resources Manager, presented the 1996-97 performance appraisals at SFGH as follows:

		% Completion
SFGH Clinical Employees	(1,013)	90
SFG Administrative/Support Employees	(933)	77
UCSF	(all)	96

Later this year, Mr. Auyang will bring back to the Commission the 1997-98 performance appraisals reports.

Mr. Auyang described the process used to achieve 100% completion of the performance appraisal reports in order to ensure safe and competent care and services, (Attachment D).

President Monfredini encouraged the Department to achieve the 100% completion of the performance appraisal reports as part of all managers' responsibilities.

Commissioner Barnes raised the issue of having incentives for managers. Ed Gazzano, Human Resources Director, explained that only the Municipal Executives Association (MEA) has a Pay-for-Performance requirement. Other bargaining unit employees receive raises regardless of performance appraisals. The Department goal is to conduct performance appraisals for all employees.

Action Taken: The Commission unanimously approved the 1996-97 San Francisco General Hospital Competency Compliance Report.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 27-98

APPROVING A PROPOSAL TO PROVIDE HEALTH INSURANCE TO IN-HOME SUPPORTIVE SERVICES WORKERS PROVIDING CARE TO MEDI-CAL RECIPIENTS WHO RESIDE IN SAN FRANCISCO

WHEREAS, In-Home Supportive Services workers provide an important service by providing care which allows severely ill people to remain at home and out of institutional settings; and,

WHEREAS, In-Home Supportive Services workers are typically low income, and uninsured or underinsured for health benefits; and,

WHEREAS, many In-Home Supportive Services workers fall within the eligibility guidelines of the County Medical Assistance Program; and,

WHEREAS, federal funding is available to offset the cost of providing health insurance to In-Home Supportive Services workers; and,

WHEREAS, providing health insurance to In-Home Supportive Services workers will improve the overall health of the target population; and,

WHEREAS, providing health insurance to In-Home Supportive Services workers offers an opportunity to work closely with other agencies, including the San Francisco Health Plan, and with organized labor; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves Amendment Number One to the Commercial Services Hospital Agreement between the San Francisco Health Plan and the Community Health Network/San Francisco General Hospital, to the extent that such amendment adds the In-Home Supportive Services Program, including the reimbursement rates for that program.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 21, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Summary Laguna Honda Hospital's Plan of Correction
July 8, 1998

The Plan of Correction submitted by the Department of Public Health to HCFA July 8th focused on three areas:

- reduction of census to increase privacy and permit storage space;
- creation of permanent dining areas; and the
- enhancement of activity therapy.

The plan was very specific siting both short term and longer term remedies. The following is a very brief synopsis of the Plan.

Census Reduction

The hospital is targeting 114-bed reduction by October 31, 1998. Resident census will be reduced by 4 beds in each of 28 open wards, from 30 down to 26 beds. One open ward will be reduced by 2 beds. This will be achieved through attrition and patient assessment. This reduction will increase patient privacy and allow for the placement of storage lockers in the units by December 1, 1998.

The Plan further states that census would be reduced one additional bed in each of these 29 wards by March 1, 1999 bringing ward census to 25. This plan is contingent on the State's approval to convert some acute beds to SNF. Further reductions to ward census will occur by converting office space to private and semi-private rooms and relocating residents from the open wards. Numerous charts and graphs detailing these changes are attached to the Plan of Correction.

Additional reductions beyond March 1, 1999 would be considered within the context of the impact to date of the moratorium on long-term care and discharge planning. It is important to ensure that the moratorium currently under effect doesn't result in serious outcomes for San Francisco residents to find long-term care alternatives. Outcome evaluations are an integral part of this planning process.

Dining Areas

Mechanisms have been established to determine if off-ward dining is clinically appropriate based on patient need and medical status. Each current resident has been evaluated. At this time there are 763 residents who are capable of utilizing social dining spaces. The survey was completed in June, and social dining spaces were identified. Implementation of the Lunch program in the new dining areas began June 3, 1998. By August 30, 1998 all three meals will be available in the new social dining areas.

Activity Therapy

Current activity programs will be enhanced to include evening and weekend activities. The new staff schedule covering these extended hours will begin August 15, 1998. In addition the Activity Therapy Department has developed two instruments to ascertain the leisure interests of residents. Part of the plan is to determine the special needs and interests of younger residents and to identify culturally and ethnically relevant activities.

Activity therapy will include significant program expansion with the addition of weekly social clubs for younger residents, intergenerational activities, and enhancement of animal assisted therapy, horticultural development and aquatic programs. The target for implementation of these new activities ranges from August 31, through November 1998.

Supervisor Medina called for a hearing at the Board of Supervisor's July 30th before the Health Family and Environment Committee. This 4-hour hearing (10:00 – 12:00; 1:00 – 3:00) will create an additional public policy forum to hear from residents, advocates, policy makers and community based organizations. It is the Supervisor's hope that the hearing will provide the opportunity to explore in depth the current situation the City is facing with Laguna Honda. He also hopes to begin to look at the alternatives and options available through the bond process.

I believe the Department has responded in a responsible and thoughtful manner to HCFA. I would like to publicly acknowledge the dedicated staff at Laguna Honda who have continued to do their jobs and ensure that serving the needs of Laguna's patients is their number one priority.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-98

SUPPORTING A GENERAL OBLIGATION BOND TO REBUILD AND RETROFIT LAGUNA HONDA HOSPITAL

WHEREAS, the San Francisco Health Commission directed the Department of Public Health to develop a plan to respond in a timely way to the physical plant issues at Laguna Honda Hospital (Resolution #18-98); and,

WHEREAS, the need to rebuild Laguna Honda Hospital has grown even more acute with the recent reports of the Department of Justice and the Health Care Financing Administration (HCFA) which have been critical of the physical plant of Laguna Honda Hospital; and,

WHEREAS, projections show that the number of San Francisco residents who need long-term care will increase dramatically by the year 2010 and a plan is needed to meet this increased demand for long-term care; and,

WHEREAS, unless the physical plant issues at Laguna Honda Hospital are immediately addressed, continued reimbursement for resident care will be in jeopardy; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the proposal of the Department of Public Health to build 1200 new beds on the grounds of Laguna Honda Hospital, and to retrofit Clarendon Hall to provide an additional 160 beds at a total cost of $502,515,000; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission recommends to the Board of Supervisors and the Mayor to proceed with placing a general obligation bond on the November 1998 ballot.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 21, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

1997 COMPETENCY REPORT

July 14, 1998

GOAL: To achieve 100% completion of Fiscal Year 1996-97 Performance Appraisal Reports in order to ensure that levels of job performance are reviewed and mechanisms are in place to follow-up on unsatisfactory performance. The ultimate goal is to ensure safe and competent care and services.

STEPS TAKEN:

1. Inaccuracies were corrected by:
   a. Identifying administrators and managers who are currently responsible for completing reports.
   b. Identifying employees who are no longer active.
   c. Excluding reports that are not yet due.
   d. Resubmitting reports that were not recorded as having been received by Human Resource Services.

2. The expectation that all administrators and managers are accountable for ensuring that reports are completed was communicated to all by having:
   a. The Executive Administrator verbalize expectations of administrators and managers (including target dates for completion).
   b. Human Resource Services follow-up with each administrator and manager.

3. Developmental plans will accompany copies of appraisals for employees whose performance is deemed unsatisfactory.

FOLLOW-UP:

1. Administrators and managers will be held accountable for completing reports. Non-compliance will be reflected in the administrator's or manager's own performance appraisal report.

2. Extent of compliance will be shared with all administrators and managers by Human Resource Services.

3. Human Resource Services will assist managers in reviewing and monitoring the progress of those employees who received unsatisfactory appraisals.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

August 4, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 21, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH-Administration** – Request to approve a resolution authorizing the Department of Public Health to accept and expend 37 recurring grants from the State of California.

(3.2) **CHN-Homeless Services** – Request for approval to enter retroactively into a performance agreement in the amount of $90,994 with Lutheran Social Services for the Tom Waddell Health Center, to provide preventative and primary health care services to multiple-diagnosed persons with HIV/AIDS at the Gough-Hayes, Ambassador, Vincent and Hillsdale Hotels for the period of October 1, 1997 to September 30, 1998.

(3.3) **CHN-SFGH** – Request for approval of an amendment to the Administrative Services Agreement between the Department of Public Health and the Physician-Hospital Organization at St. Luke's Hospital (SLPHO). (The underlying Administrative Services Agreement was approved by the Health Commission on March 4, 1997.)

(3.4) **CHN-SFGH** – Request for approval of an amendment to the Administrative Services Agreement between the Department of Public Health and the Chinese Community Health Plan (CCHP). (The underlying Administrative Services Agreement was approved by the Health Commission on March 4, 1997.)

(3.5) **CHN-PCS-Primary Care** – Request for retroactive sole source approval and multiyear contract with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $50,261 per year, for the provision of primary medical care and HIV screening, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with HAFC for services totaling $10,606,732 during FY 1996-97).

(3.6) **CHN-PCS-Primary Care** – Request for retroactive sole source approval and multiyear renewal contract with Bayview Hunter's Point Adult Day Health (BVHPADH), in the amount of $50,858 per year, for the provision of therapeutic recreation, personal care and exercise assistance to frail elders and disabled persons, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with BVHPADH for services totaling $50,858 during FY 1996-97).

(3.7) **PH&P-CHS-AIDS Office** - Request for approval of 1998-99 Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (CARE) Title I, new dental service awards from RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services, in the amount of $332,500 for the period of August 1, 1998 through February 28, 1999.

(3.8) **PH&P–AB 75 Project** – Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,150,401 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1998-99.

(3.9) **PH&P-Mental Health Services** – Request for retroactive renewal contract with California Pacific Medical Center (CPMC), Department of Psychiatry for Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospitals is $5,000,000. (DPH contracted with CPMC for services totaling $7,279,550 during FY 1996-97).

(3.10) **PH&P-Mental Health Services** – Request for retroactive renewal contract with Ross Hospital to provide: 1) Acute psychiatric inpatient hospital services for children and adolescents in the amount of $110,000, and 2) Medi-Cal funded psychiatric inpatient hospital services for adults for the period of July 1, 1998 through June 30, 1999. The total dollar amount for adult psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospital providers is $5,000,000. (DPH contracted with Ross for services totaling $80,000 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF A RESOLUTION UPDATING THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT**

6) **UPDATE ON THE MENTAL HEALTH REHABILITATION FACILITY**

7) **CONSIDERATION OF A RESOLUTION AFFIRMING COMMITMENT OF THE HEALTH COMMISSION AND THE COMMUNITY HEALTH NETWORK TO COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS, AND THE PROGRAM REQUIREMENTS OF FEDERAL, STATE AND PRIVATE HEALTH PLANS, AND DIRECTING THE COMMUNITY HEALTH NETWORK TO DEVELOP AND IMPLEMENT A COMPLIANCE POLICY**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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President

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HEALTH COMMISSION

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ADDENDUM

HEALTH COMMISSION AGENDA

Tuesday, August 4, 1998
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9, AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b)

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

BEACH V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SUPERIOR COURT CASE #994-505, CONSIDERATION OF SEX DISCRIMINATION AND UNION GRIEVANCE APPEALING TERMINATION, PROPOSED SETTLEMENT OF $79,739.31

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 4, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D.

The September/October meeting dates for the Commission will be:

Tuesday, September 1, 1998, 3:00 p.m.
Tuesday, September 15, 1998, 3:00 p.m.
Tuesday, September 29, 1998, 3:00 p.m.

There will not be a Commission meeting on Tuesday, October 6, 1998. There will be a meeting on Tuesday, October 20, 1998, 3:00 p.m.

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 21, 1998

Action Taken: The Commission adopted the minutes of July 21, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH-Administration** – Request to approve a resolution authorizing the Department of Public Health to accept and expend 37 recurring grants from the State of California.

(3.2) **CHN-Homeless Services** – Request for approval to enter retroactively into a performance agreement in the amount of $90,994 with Lutheran Social Services for the Tom Waddell Health Center, to provide preventative and primary health care services to multiple-diagnosed persons with HIV/AIDS at the Gough-Hayes, Ambassador, Vincent and Hillsdale Hotels for the period of October 1, 1997 to September 30, 1998.

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> Commissioner Sanchez requested an update on the site selection be calendared in 30 days (September 15, 1998) for the Budget Committee. He also requested a comprehensive overview of the new contractor.

(3.8) **PH&P–AB 75 Project** – Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,150,401 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1998-99.

(3.9) **PH&P-Mental Health Services** – Request for retroactive renewal contract with California Pacific Medical Center (CPMC), Department of Psychiatry for Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospitals is $5,000,000. (DPH contracted with CPMC for services totaling $7,279,550 during FY 1996-97).

Commissioner Sanchez commended CPMC for its progress towards compliance for Board diversity.

(3.10) **PH&P-Mental Health Services** – Request for retroactive renewal contract with Ross Hospital to provide: 1) Acute psychiatric inpatient hospital services for children and adolescents in the amount of $110,000, and 2) Medi-Cal funded psychiatric inpatient hospital services for adults for the period of July 1, 1998 through June 30, 1999. The total dollar amount for adult psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospital providers is $5,000,000. (DPH contracted with Ross for services totaling $80,000 during FY 1996-97).

Commissioner Barnes requested a written update in February 1999 to the Commission on the progress towards compliance for Board diversity.

Commissioner Barnes inquired about the status of retroactive contracts. Galen Leung, Director of the Office for Contract Management and Compliance, reported that the Department's goal is to have 90% of the contracts for FY 1998-99 reviewed by the Commission by the middle of October. Mr. Leung also reported that more contract staff have been hired.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with President Monfredini abstaining on #3.9

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

State Budget

Governor Wilson and legislative leaders have reached an agreement on the 1998-99 State budget, however, the budget still needs to be approved officially. The State has been without an approved budget for 35 days.

Budget negotiations have focused on spending the State's estimated $4 billion surplus. Current reports indicate that the 1998-99 budget will include a $1.4 billion tax cut and a $800 million increase in education spending. It is unclear whether the budget agreement includes financial relief for counties and any increases in benefits to CalWORKS recipients.

Last month the Governor signed SB 267 -- urgency legislation, which allowed the State to continue paying current expenses from July 1, 1998 to August 5, 1998. The State was required to do the Los Angeles Superior Court rule that the State could not pay expenses without an approved State budget. If a State budget is not approved by tomorrow, then urgency legislation will again be required to pay State expenditures.

The Department is concerned that the budget negotiations have resulted in continued funding of the State Department of Health Services' Port of Entry Detection Program and California Airport Residency Program. These programs allow DHS to place armed personnel at the California-Mexico border and at airports. The DHS staff shares information with the Immigration and Naturalization Service (INS) and asks some immigrants to repay medical benefits that they have received lawfully. As part of the budget negotiations, an independent review of both programs would be performed by the Bureau of State Audits. In addition, an ombudsperson program or a toll free number would also be created – however, it is our understanding that no funding was allocated to either of these.

Continuing these programs will discourage some immigrants (both legal and undocumented) from receiving necessary health care. In addition, the Department believes that this program will discourage some immigrant parents from enrolling their eligible children in Healthy Families.

The Department will closely follow the State 1998-99 budget negotiation and keep the Health Commission apprised of any new developments.

Healthy Families
I am pleased to report that, as of yesterday, the Community Health Network had 148 Healthy Families enrollees. As yet, we do not have the enrollment figures for all five participating health plans in San Francisco. Countywide enrollment figures for the program will be released later this week from the Managed Risk Medical Insurance Board. Once the statewide reports become available, the Department will be able to provide the Health Commission with comparative enrollment statistics.

I would like to acknowledge the tremendous work done by the Community Health Network, in particular clinic staff and enrollment specialists who have taken the time to assist families in completing applications. The Network has undertaken an extensive education and outreach plan to inform staff, parents and the overall community about this new children's insurance program.

Patient Protection Legislation
Last month I reported that the Republican Working Group on Health Care Quality had released a proposal to improve patient protection in the health care industry. This proposal is now in the form of patient rights' legislation. This federal bill seeks to improve payment for emergency room visits, access to pediatricians and obstetricians/gynecologists and patient's ability to appeal health plan treatment denials. The legislation is currently being debated in the Senate – unresolved issues concern expanding the number of medical savings accounts and a patient's ability to sue their health plan for malpractice.

Early Treatments for Low-Income People with HIV
Congressional leaders are urging the Department of Health and Human Services to expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease. The effort is being lead by Congressman Gephardt and Congresswoman Pelosi.

The 12th World AIDS Conference provided additional evidence that early treatment of HIV infection is both medically appropriate and cost-effective. Expanding Medicaid to allow individuals to have access to combination antiretrovial therapy could prevent thousands of deaths annually. There has been precedence for Medicaid expansion of this type. In 1993, Medicaid was expanded to cover TB-related services to low-income persons infected with TB who did not qualify for Medicaid. A Medicaid expansion for HIV would follow the same logic – early treatment for TB and HIV is highly recommended by the medical community.

The Department fully supports this effort because it improves access to care for asymptomatic, HIV-positive, low-income persons.

Proposition 10 – California Children and Families Initiative
Proposition 10 -- California Children and Families Initiative (CCFI), also known as the Rob Reiner Initiative, has qualified for the November 1998 California ballot. The CCFI would fund a comprehensive health and social service program for children under five years of age. The CCFI would help fund county organizations providing prenatal care, nutrition services, domestic violence

prevention and treatment, and health care. The initiative would also create a new State Commission called the California Children and Families First Commission (CCFFC).

CCFI hopes to accomplish the following objectives:

- create a comprehensive and integrated delivery system of information and services to promote early childhood development,
- provide funds to existing community based centers or establish new service centers,
- educate Californians on the importance of early child development, and
- provide assistance to pregnant women and parents of youth who want to quit smoking

In order to acquire the necessary funding for this effort, CCFI proposes an additional 50 cents tax on each pack of cigarettes purchased. If this initiative were to pass, California would have the third highest cigarette tax in the nation (following Alaska and Hawaii). CCFI estimates that the cigarette tax would generate $700 million statewide in 1999-2000 ($8.7 million for the City and County of San Francisco). All counties receiving funds will be required to annually submit work plans.

Because tobacco taxes often disproportionately affect the poor who purchase a large percentage of cigarettes (in relation to their income), questions have been raised about whether the tax will encourage smuggling or illegal trade of cigarettes.

POPULATION HEALTH PREVENTION

Update on AIDS/HIV Return to Work Program:
The Mayor's Summit on AIDS, held on January 27, 1998, recommended the establishment of workplace reentry programs for persons with AIDS/HIV. The Mayor's Office has convened a forty person Community Advisory Committee on AIDS/HIV Employment Development to assist in the development of work place reentry programs. The Community Advisory Committee includes representatives from the Mayor's Office; the Departments of Public Health, Human Rights and Human Services; the California Department of Rehabilitation; non-profit agencies providing vocational, career, legal and benefits counseling; AIDS service organizations; employers and business associations; and, persons with AIDS/HIV. The Community Advisory Committee has held two meetings, and a third meeting is scheduled for mid-August.

In coordination with the Community Advisory Committee, the Department has developed and released a job announcement for a Coordinator of AIDS/HIV Return to Work Program; the position announcement closes on August 14, 1998. The position will be responsible for the coordination and development of Return to Work services for persons with AIDS/HIV. This will include providing technical assistance to existing community-based organizations providing services to persons with AIDS/HIV who are seeking to return to work; providing assessment, benefit counseling and job counseling services to persons with AIDS/HIV; and, developing, planning and evaluating new Return to Work initiatives.

The Community Advisory Committee is also working with the Mayor's Office to coordinate a new media campaign designed to encourage private sector employers to provide job training and placement opportunities for persons with AIDS/HIV. A more detailed report on the Return To Work Program will be presented to the Commission at a future meeting.

President Monfredini commented that advisory committees should be small and not large. From a practical viewpoint, she believes that large committees are too cumbersome.

Commissioner Guy stated that the Joint Conference Committee for Population Health and Prevention is looking at the role of Advisory Committees to the Department.

SAMSHA Funding for Treatment on Demand Research

I am happy to announce that the Substance Abuse and Mental Health Services Administration (SAMSHA) has granted $250,000 to CSAS, and $250,000 to UCSF, to assist in the development of research projects for Treatment on Demand.

In April of this year, the Department of Public Health/CSAS, along with the San Francisco Foundation, and Dr. Phil Lee, hosted a Treatment on Demand Research Update Meeting with representatives from the Substance Abuse and Mental Health Services Administration (SAMSHA), the Centers for Disease Control (CDC), the Robert Wood Johnson Foundation, and Dr. Andy Mecca, Director of the State Department of Alcohol and Drugs. This meeting focused on the number of research projects that have been developed by CSAS' Research Group, which include distinguished substance abuse researchers from UCSF, S.F. State, and Stanford.

TeenSMART Outreach Grant

The Department of Public Health has received a three-year grant award from the State Department of Health Services; Office of Family Planning,, to provide specialized outreach and clinical services to communities with high teen pregnancy rates. The project is designed to remove some of the barriers to accessing clinical counseling for sexually active high risk youth by promoting awareness of family planning services and the need to prevent high risk behavior. The proposal was a combined effort between Maxine Hall Health Center and the Family Planning Program. The project will focus outreach activities in the 94115 zip code and will initiate services on August 1, 1998.

Disaster Registry for Seniors and Disabled Persons

The Emergency Medical Services section has kicked off the Disaster Registry for Seniors and Disabled Persons by gaining the commitment of two community agencies to participate in a pilot program to begin later this month. On Lok Senior Services and In-Home Support Services have agreed to assist by asking their clients to consent to enroll in this project. The EMS section staff will then gain access to information that will assist them to carefully assess the actual and potential needs of these clients which will help develop a meaningful plan for responding to these persons in the event of a disaster. The EMS section will provide a thorough report to the Health Commission at the September 29th meeting.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital

The last two weeks were tumultuous ones for Laguna Honda Hospital. The Board of Supervisors initially passed a resolution supporting the rebuilding of a 1200-bed facility for Laguna Honda Hospital, as well as a retrofit for Clarendon Hall. This was the same resolution that was approved by this Health Commission. Unfortunately, the matter was tabled by the Board at the second meeting. A number of Supervisors spoke eloquently and passionately about the need for rebuilding Laguna Honda Hospital. However, the sense from the Board was that there was not enough time between now and November to garner the support of two-thirds of the voters.

On Thursday, July 30, the Health, Family and Environment Committee held a three-hour hearing on Laguna Honda Hospital. In addition to extensive presentations from departmental staff, a number of Laguna Honda residents came to the hearing and testified on their own behalf. They spoke of the wonderful care that they had received at Laguna Honda Hospital and their profound desire to see the building rebuilt. In the coming weeks we will be working closely with members of the Board of Supervisors and the Mayor to determine the best time to bring forward a ballot measure for rebuilding Laguna Honda Hospital. The Department will also use the additional time to bring policy discussions and resolutions to the Health Commission regarding the rebuilding of Laguna Honda Hospital.

5) CONSIDERATION OF A RESOLUTION UPDATING THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

Dr. Katz made the following presentation:

As you are well aware, the Department of Public Health underwent a major restructuring within the last two years. A new organizational structure emerged from these efforts with two divisions: Population Health and Prevention (PH&P), and the Community Health Network (CHN). It recently came to my attention these divisions were working on Mission Statements to help define their new roles in the organization. Before these efforts progressed further, I felt it was important to revisit the Department of Public Health Mission Statement to see if it adequately reflected the current priorities and direction of the Department. In addition, I believe it is important that any divisional Mission Statement flow from the Department's Mission Statement to ensure a unified message and approach to public health programs.

The management team of PH&P and Central Administration, jointly reviewed the most recent Mission Statement passed by the Commission in June 1994. We thought that the sentiments expressed in the statement were still relevant. However, there was consensus that the Department'' Mission Statement should specifically acknowledge the Department's provider role, which was omitted from our earlier Mission Statement. In addition, the statement "protect and promote the health of all San Franciscans" indicates proactive preventive approach to service care delivery. Finally, we wanted to shorten our Mission Statement so that it would be easier for staff to remember and so that it would fit on stationary, business cards, and plaques hanging throughout the Department.

The proposed Department of Public Health Mission Statement is:

The Mission of the Department of Public Health is to protect and promote the health of all San Franciscans.

The Department of Public Health shall:

- Assess and research the health of the community
- Develop and enforce health policy
- Provide quality health services and ensure equal access to all

Commissioner Parker stated that the Mission Statement should not be changed merely to respond to a restructuring within the Department; and that he does not support changing Mission Statements frequently.

Commissioner Guy liked the addition of research to the Mission Statement. She also proposed a friendly amendment to add "physical and mental" to be more precise in describing quality health services.

Commissioner Barnes commended the Department in re-looking at the Mission Statement to assess its appropriateness and relevancy. She also emphasized that the reading of the Mission Statement should be made easier for patients and frontline workers. Additionally, she strongly supported the wording of "ensure equal access to all."

Commissioner Hill stated the proposed Mission Statement is more clear and concise.

Commissioner Sanchez commented on the clarity, brevity, and pointedness of the statement. Due to the importance of this matter, he recommended the Commission continue this item to a future meeting when all of the Commissioners are present.

By consensus, this item was continued to the September 1, 1998 meeting when all of the Commissioners are scheduled to be present.

6) UPDATE ON THE MENTAL HEALTH REHABILITATION FACILITY

Mary Louise Fleming, R.N., M.S.N., Hospital Associate Administrator for the Mental Health Rehabilitation Facility (MHRF), gave an update on the MHRF program. Since its opening in 1996, the program has been changed to meet the needs of the patients whose levels of acuity now require different staffing patterns (Attachment A).

Commissioner Guy requested financial information on unit costs based on the changing service needs of the patients. Ms. Fleming will be working with our Chief Finance Officer, Monique Zmuda, to look at the financing aspects of the facility. The financial information will be presented to the Commission.

Commissioner Barnes emphasized the importance of the MHRF being part of the continuum of care departmentwide for mental health services.

Dr. Katz commended Ms. Fleming for her leadership and flexibility in administering this program, especially since this is the first experience for the Department to operate a locked facility.

7) CONSIDERATION OF A RESOLUTION AFFIRMING COMMITMENT OF THE HEALTH COMMISSION AND THE COMMUNITY HEALTH NETWORK TO COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS, AND THE PROGRAM REQUIREMENTS OF FEDERAL, STATE AND PRIVATE HEALTH PLANS, AND DIRECTING THE COMMUNITY HEALTH NETWORK TO DEVELOP AND IMPLEMENT A COMPLIANCE POLICY

Gene O'Connell, CHN Administrator for Patient Care Services, presented the following information:

There has been increased focus on hospitals to develop a formal compliance program to assure that all federal and state laws and program requirements are adhered to, and that all billings and reimbursements are consistent with these regulations.

In order to implement an effective compliance program the Community Health Network will designate a compliance officer, will develop written compliance policies, procedures and federal standards of conduct, will develop and implement a training program on compliance, will maintain a hotline and other communication mechanisms to receive complaints, and will develop a system for prompt investigation and resolution of identified problems. We will also develop policies on discipline and evaluation of employees on issues of compliance, will update the Department's records retention policy, and will retain legal counsel to assist us in the compliance plan. The Department will report its progress on the compliance plan in six months, and will provide ongoing updates on our performance in this area thereafter.

Mivic Hirose, Clinic Nurse Specialist, reported that an educational program for the compliance program has started in the Health Centers.
Commissioner Guy raised the question of labor and UCSF involvement with the compliance program. Ms. O'Connell assured the Commission of their inclusion.

Mr. Anthony Wagner, CHN Executive Administrator, acknowledged the support from Deputy City Attorney Jean Fraser and City Attorney Louise Renne for this compliance program.

Action Taken: The Commission adopted Resolution #29-98, "Affirming Commitment of the Health Commission and the Community Health Network to Compliance with all Applicable Federal and State Laws, and the Program Requirements of Federal, State and Private Health Plans, and Directing the Community Health Network to Develop and Implement a Compliance Program," (Attachment B.)

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission unanimously voted to hold a closed session.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9, AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b)

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

BEACH V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SUPERIOR COURT CASE #994-505, CONSIDERATION OF SEX DISCRIMINATION AND UNION GRIEVANCE APPEALING TERMINATION, PROPOSED SETTLEMENT OF $79,739.31

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission unanimously voted to approve a settlement of $79,739.31 in the Beach v. CCSF et al, Superior Court Case #994-505.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission unanimously voted not to disclose any discussions held in closed session.

The meeting was adjourned at 4:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

PATIENT CARE REPORT
June 1998

Mental Health Rehabilitation Facility Resident Program:

The past year and a half since the MHRF opened has been an exciting, challenging and rewarding time. This report will update you on our population statistics and highlight the new program changes that we are making to adjust to the acuity and clinical needs of the current mental health population that requires this level of care.

Since opening in November of 1996 there have been 297 unduplicated admissions. Sixty-five of these residents have required multiple re-admissions secondary to acute medical or psychiatric hospitalizations (#42) or return from AWOL status (#23). This has resulted in an additional 164 admissions for a total of 396 admissions. Of the 297, 109 (37%) have been transitioned to community settings and approximately 90% of that group has remained out of institutional care to date. The average length of stay for FY 97-98 has been 170 days.

Current population:

ETHNICITY:		AGE:		GENDER:	
Caucasian	60%	19-30	7%	Male	58%
African American	24%	31-50	50%	Female	42%
Asian	10%	51-60	14%		
Hispanic	6%	60-89	29%		

- 24 residents were born outside the US
- 8 residents are primarily monolingual Cantonese speaking (we have also had monolingual Russian, Vietnamese, Korean and Spanish speaking residents)
- 10% of the 51-60 year-old group have geriatric characteristics and care needs

Medical Acuity:

- Medical & Specialty Clinic Visits: 1996 = 61 visits
  1997 = 240 visits
  1998 = 236 visits
- Dental Clinic Visits: 1998 = 412 visits (screening and procedures)
- approximately 5% of the population has been hospitalized for surgery or life-threatening illness
- 6-10% of the residents have required acute medical admission each quarter
- approximately 30% of the population require ongoing care for coronary artery disease, hypertension, diabetes, respiratory illness and wound care
- MHRF Physical Therapy program established by Physical Medicine Department

Psychiatric Acuity:

- 7-10% of the residents have been referred to PES each quarter
- 59% of PES referrals have required acute psychiatric admission prior to returning to the MHRF
- 33% of residents require ongoing intensive behavioral treatment plans

Program Development:

Attached to this report is the anticipated MHRF population change for the next year. Since the early 90's when the program planning for the MHRF began, there has been a dramatic increase in the medical and psychiatric acuity of the institutionalized mental health population. In addition, one of the unanticipated realities for us was the discovery of the long institutional histories and low level of functioning of the residents referred to the MHRF for rehabilitation. In collaboration with CMHS, we are working to better assess the sub-acute population within the system of care. From this assessment we are establishing realistic and appropriate admission criteria for the MHRF and adjusting the staffing skill mix to meet the clinical needs of the residents. In response to the population changes the MHRF is also adjusting the staff development program and redesigning the resident treatment programs.

Resident needs at this level of care have led us to focus on the integration of physical health and mental health systems. This holistic focus has had dual benefit - to the residents who have received thorough medical and psychiatric services and to the system of care as we work across divisions and departments to build a new clinical and management structure.

We are striving to better define psychiatric "rehabilitation" for this population. The clinical focus is on teaching and restoring the social and independent living skills which have been lost or have atrophied during long institutional stays. Our approach to providing services is based in the core belief that individuals with severe and persistent mental illness, regardless of their level of psychological impairment, can achieve an improved level of functioning and self-reliance. We have developed an aggressive interdisciplinary evaluation and treatment program that has enabled residents to improve their quality of life - not only during their stay at the MHRF, but that has allowed them to make unexpected and successful movement toward living successfully in the community. To that end, we have established close ties to the agencies and providers who help to sustain the residents once they have transitioned to a community setting.

We are very proud of our beginnings, humbled and respectful of the accomplishments that the residents have made in their lives during their stay at the MHRF, and committed to the hard work that is ahead of us in order to continue to develop a dynamic and consumer-driven program.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-98

AFFIRMING COMMITMENT OF THE HEALTH COMMISSION AND THE COMMUNITY HEALTH NETWORK TO COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS, AND THE PROGRAM REQUIREMENTS OF FEDERAL, STATE AND PRIVATE HEALTH PLANS, AND DIRECTING THE COMMUNITY HEALTH NETWORK TO DEVELOP AND IMPLEMENT A COMPLIANCE PROGRAM

WHEREAS, the Health Commission is the governing body for the Community Health Network which includes the San Francisco General Hospital, Laguna Honda Hospital, and the community health centers; and,

WHEREAS, the Health Commission is committed to the provision of the highest quality health care in the most appropriate, effective, and efficient manner; and,

WHEREAS, the Health Commission is determined that the Community Health Network shall comply with all applicable federal and state standards, and all program requirements of federal, state, and private health care programs; and,

WHEREAS, the most effective way to ensure that the Community Health Network complies with all applicable requirements is to develop and implement an effective compliance program; now, therefore, be it

RESOLVED, that the Community Health Network is hereby directed to develop and implement an effective compliance program that includes, at a minimum, the following elements:

(1) The hiring of a Compliance Officer who shall report directly to the Executive Administrator of the Community Health Network;
(2) The development and distribution of written compliance policies and procedures;
(3) The development and distribution of written standards of conduct that promote a commitment to compliance and address specific areas of potential concern;
(4) The development and implementation of education and training programs for all appropriate employees on compliance issues;
(5) The creation and maintenance of a hotline or other communication mechanism designed to receive anonymous complaints;
(6) The development and maintenance of a system for the prompt and effective investigation and resolution of identified problems;
(7) The performance of regular audits/evaluations to monitor compliance and determine the effectiveness of the resolution of identified problems;

(8) The development and distribution of policies addressing disciplinary action against employees who have violated internal compliance policies/procedures and/or applicable laws or program standards;
(9) The evaluation of supervisors and managers on the issue of compliance;
(10) The updating of the Department of Public Health's Records Retention Policy to ensure that it appropriately addresses the creation and retention of appropriate records; and
(11) Utilization of qualified legal counsel;

and, be it

FURTHER RESOLVED, that the Executive Administrator of the Community Health Network shall report to the Commission within six months on the progress in developing a program that meets the requirements set forth above; and, be it

FURTHER RESOLVED, that the Executive Administrator shall report periodically thereafter to the Commission on the implementation of the compliance program and its effectiveness.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 4, 1998.

Sandy Ouye Mori

Sandy Ouyé Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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3/98

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AGENDA

HEALTH COMMISSION MEETING

August 18, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 4, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH-Administration** – Request for approval of gift acceptance of two buses valued at $6,000 each, donated to Laguna Honda Hospital by Free Wheelers Association, Inc.

(3.2) **CHN-SFGH** – Request for approval of contract modifications with PT & OT Registry, TherAmerica, On-Call Therapists and Preferred Therapy Registry, for the provision of temporary as-needed rehabilitation personnel services, for the period of February 1, 1998 through January 31, 1999, for a combined total not to exceed $275,000 per year.

(3.3) **PH&P-CHS** – Request for approval of retroactive multiyear renewal contract and sole source with Glide Foundation, in the amount of $67,440 per year, for the provision of outreach and HIV testing services in the Tenderloin, for the period of July 1, 1998 through June 30, 2001.

(3.4) **PH&P-CHS-CSAS** – Request for approval of retroactive first modification to the contract with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $612,777, to provide

assessments and pretreatment services for the San Francisco Drug Court, in-custody substance abuse treatment and case management, life skills training, acupuncture and substance abuse counseling for the San Francisco Target Cities Project, for the period of October 1, 1997 through September 30, 1998.

(3.5) **PH&P-CHS-CSAS** – Request for retroactive renewal contract with the University of California San Francisco – Institute for Health Policy Studies, in the amount of $350,000 to complete the evaluation of the Federal San Francisco Target Cities Project, for the period of October 1, 1997 through September 30, 1998.

(3.6) **PH&P-CHS-Family Planning** – Request for approval to accept retroactively and expend a new three-year grant from the California Department of Health Services, Office of Family Planning, in the amount of $123,000, to provide specialized outreach and counseling services to adolescents at high risk for teen pregnancy for the period of August 1, 1998 through June 30, 2001.

(3.7) **PH&P-Mental Health Services** – Request for retroactive approval of new sole source contract with Walnut Creek Hospital to provide: 1) Acute psychiatric inpatient hospital services for children and adolescents, funded in the amount of $10,000, and 2) Medi-Cal funded psychiatric inpatient hospital services for adults for the period of July 1, 1998 through June 30, 1999. The total dollar amount for adult psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospital providers is $5,000,000.

(3.8) **PH&P-CHP&P-Health Promotion** – Request for retroactive renewal contract with C.A.H.E.E.D., Inc., in the amount of $177,000, for the provision of outreach, support and prenatal education services, for the period of July 1, 1998 through June 30, 1999.

(3.9) **PH&P-CH&SS-Public Health Laboratory** – Request for approval to enter retroactively into an agreement with the California Department of Health Services in the amount of up to $358,910 to provide HIV-I Viral Load Tests for the period of July 1, 1998 through June 30, 1999.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD(S)**

6) **PRESENTATION OF AN UPDATE AND PROGRESS ON TRAUMA SERVICES TO SAN MATEO COUNTY**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 18, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:03 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 4, 1998

Action Taken: The Commission adopted the minutes of August 4, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **DPH-Administration** – Request for approval of gift acceptance of two buses valued at $6,000 each, donated to Laguna Honda Hospital by Free Wheelers Association, Inc.

(3.2) **CHN-SFGH** – Request for approval of contract modifications with PT & OT Registry, TherAmerica, On-Call Therapists and Preferred Therapy Registry, for the provision of temporary as-needed rehabilitation personnel services, for the period of February 1, 1998 through January 31, 1999, for a combined total not to exceed $275,000 per year.

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Commissioner Barnes noted the retroactivity of this contract.

(3.5) **PH&P-CHS-CSAS –** Request for retroactive renewal contract with the University of California San Francisco – Institute for Health Policy Studies, in the amount of $350,000 to complete the evaluation of the Federal San Francisco Target Cities Project, for the period of October 1, 1997 through September 30, 1998.

Commissioner Sanchez abstained on this item due to conflict of interest.

Commissioner Barnes requested a copy of the evaluation be forwarded to the Commission.

(3.6) **PH&P-CHS-Family Planning –** Request for approval to accept retroactively and expend a new three-year grant from the California Department of Health Services, Office of Family Planning, in the amount of $123,000, to provide specialized outreach and counseling services to adolescents at high risk for teen pregnancy for the period of August 1, 1998 through June 30, 2001.

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(3.9) **PH&P-CH&SS-Public Health Laboratory –** Request for approval to enter retroactively into an agreement with the California Department of Health Services in the amount of up to $358,910 to provide HIV-I Viral Load Tests for the period of July 1, 1998 through June 30, 1999.

Commissioner Chow, in referring to #3.4, requested the Department to report on the use and effectiveness of acupuncture as a treatment modality for substance abuse. In collaboration with the contractor's and Department's work with acupuncture, the Department will bring data and latest research on acupuncture to the Commission in three months.

President Monfredini commented on the repetition of retroactive contracts on the Budget Committee agenda. She stated that this practice is unacceptable to the Commission and requested the Department to address this problem.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.5

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

State Budget

Last week, the California Legislature passed the FY 1998-99 State budget and over forty budget trailer bills. The Governor, who is expected to act on the proposed budget this week, may delete or reduce specific programs and may sign or veto any of the accompanying trailer bills. The budget proposes a $75.3 billion spending plan, $58.6 million of which is State General Fund dollars, and a reserve of $130 million, over $700 million less than the Governor proposed. Since the current reserve is so small, the Governor is likely to reduce the Legislature's proposed spending amounts by several hundred million dollars.

There was a significant compromise reached regarding a reduction in Vehicle License Fees (VLF). The VLF proposal includes a billion dollar tax cut for FY 1998-99, which may increase to as much as $3.2 billion by 2003. The agreement also includes backfilling the VLF cut based upon a continuous State General Fund appropriation. This would compensate local governments for losses in health and social services realignment dollars. The major components of the VLF agreement are as follows.

- A 25% VLF reduction, effective 1/1/99, potentially growing to 67.5% in future years.

- The current tax of 2% will continue to be assessed beginning 1/1/99, but vehicle owners will only pay 1.5% with the State making a continuous appropriation from the State General Fund to offset the loss in revenues.

- A complicated set of triggers could result in VLF reductions of $500 million to $2.1 billion in 2000 through 2004 if revenues are from $1.5 billion to $3.7 billion above the current forecast.

- Pursuant to the trigger structure, approximately half of any revenues above the forecast would go to additional tax cuts, with the remaining half available for spending.

On the positive side, $70 million has been allocated for the California Food Assistance Program, permitting legal immigrants between the ages of 18 and 64 who were denied eligibility for federal food stamps to obtain these services under this State program. There was also agreement to allocate $19.5 million for a State-only SSI/SSP program for legal immigrants who entered the country prior to the passage of federal welfare reform and are ineligible for federal benefits. In addition, CalWORKs recipients will receive a cost of living adjustment and elimination of the 4.9% grant reduction put into effect in 1990.

The following are significant health-related items in the legislative budget which are at risk of being deleted or reduced by the Governor. The Department has supported these funding proposals:

- A $40 million reduction of the State's Disproportionate Share Hospital administrative fee.

- A $7.7 million augmentation for communicable disease control efforts.

- Elimination of the 33 1/3% State "takeback" in the Medi-Cal Administrative Activities/Targeted Case Management program.

- $37 million for prenatal care for undocumented women.

- Changes to the Healthy Families Program costing approximately $3 million including: increasing the income threshold to 250% of poverty and expanding eligibility to include recently arrived immigrant children.

- Various Medi-Cal rate increases for primary and preventive care, outpatient hospital services, ambulances, in-home nursing and optometrists.

- Augmentations totaling $6 million for the HIV/AIDS services.

- $1.1 million in grants to support long-term care planning efforts under AB 1040.

- $5 million for the California Statewide Supportive Housing Initiative.

- Expand transitional Medi-Cal for CalWORKs families from 1 to 2 years.

Tobacco Litigation Update

On July 20, 1998, a San Diego Superior Court Judge combined five major California lawsuits against the tobacco industry. The plaintiffs -- including the State, San Francisco, Los Angeles, and thirteen other Counties -- want reimbursement for tobacco-related costs incurred by State and local health programs, such as Medi-Cal. In 1996, San Francisco became the first city in the country to file suit against the tobacco industry.

The litigation was on hold while Congress debated passing a national anti-tobacco bill. Now that the federal bills have died, the California-based lawsuits are moving ahead with a trial anticipated in February or March, 1999. In a separate effort partnering with other State and local governments, negotiations are continuing for a multibillion-dollar national settlement.

On August 6, 1998 the State of California reached an agreement with its cities and counties to share the nearly $18 billion it could receive in a settlement. This is an unprecedented agreement, which acknowledges the significant role cities and counties play in preventing and treating tobacco-related illnesses. Four other States have already settled cases against the tobacco industry: Minnesota, Florida, Mississippi, and Texas. Of those, the only local governments to share in the proceeds were four Counties in Texas, and this occurred only after major lobbying by that State's legislature.

Under the recent agreement in California, half of any settlement funds would go to the State. The Cities of San Francisco, Los Angeles, San Diego and San Jose would each get 10% of the other half, and the remainder would be allocated among the remaining California counties based on population.

Healthy Families

Earlier this month, the Managed Risk Medical Insurance Board provided statewide enrollment figures for Healthy Families. As of August 1, 1998, 5,265 children were enrolled in the program.

I am pleased to announce that San Francisco is number two in the State for Healthy Families enrollment by county with 768 enrollees. In addition, the San Francisco Health Plan had 9.2% of overall statewide enrollment (484 of 5,265) making it number five for enrollment by health plans.

I would like to congratulate the Community Health Network and other providers within the San Francisco Health Plan for their extensive education and outreach activities. In conversations with the State, I have stressed that while San Francisco is conducting education and outreach activities to ensure enrollment in this program, additional enrollment may decline unless the State can address the immigration concerns within the Latino community.

Finally, I would like to congratulate Dr. Janet Shalwitz, Medical Director of our Maternal Child and Adolescent Health Program, for being selected to serve on the Healthy Families Quality Improvement Work Group. Dr. Shalwitz's wealth of experience will provide a needed perspective with respect to adolescent health issues.

San Francisco's Universal Health Care Efforts

The Mayor will be placing a Declaration of Policy on the November 1998 ballot for voters to consider. Proposition J is a declaration of policy for the City and County to assist uninsured residents in obtaining affordable health care coverage. Proposition J does not discuss any implementation aspects related to the recommendations of the Mayor's Blue Ribbon Committee on Universal Health Care.

As you are aware, San Francisco has the opportunity to make health insurance affordable by:

- Enabling employers to participate in a purchasing poll that leverages their contributions for health care coverage, and

- Providing a subsidy for low-income workers and the indigent.

I believe that it is important to have San Francisco residents consider and concur on the overall policy objective, before discussing and considering any implementation issues related to expanding health care coverage to the uninsured. The Department will provide the Health Commission with a copy of the Proposition J and the accompanying ballot arguments when they become available.

POPULATION HEALTH AND PREVENTION

Mental Health

I regret to inform you of the decision of Luz Mary Harris, Ph.D. to leave the Department of Public Health to pursue other professional opportunities after 21 years of commendable public service. During her tenure, Dr. Harris has served in several capacities, including Assistant Director of Children, Adolescent and Family Mental Health Services, Director of Health Center #5 (Ocean-Park Health Center), Interim Director of Homeless Programs, Director of Cluster II and Director of Crisis and Emergency Mental Health Services. She helped develop several initiatives in children's mental health services, including the Family Mosaic Project, and was instrumental in developing and implementing the MOST team for treating mentally disabled homeless people, the Mobile Crisis team and the initial planning and program design for the ACCESS system. I want to thank Dr. Harris for her years of dedicated service and wish her the best in her new endeavors.

COMMUNITY HEALTH NETWORK

Appointments of CHN Chief Financial Officer and Controller

I am very pleased to announce the appointment of Ken Jensen as Chief Financial Officer of the Community Health Network. Ken has a twenty-year career as CFO of major health care systems in the Bay Area. Most recently, Ken has served as CFO of Summit Medical Center in Oakland. He has also served as CFO at Brookside Hospital in San Pablo, Children's Hospital at Stanford and Highland Hospital in Oakland. Ken worked at San Francisco General Hospital in the early 90's as Management Services Office within UC's Diagnostic Services Department. In this capacity, Ken worked closely with the Dean's Office and Hospital administration to develop the affiliation agreement, create the physician's plan at SFGH, and to reduce costs and increase effectiveness of diagnostic services at the Hospital. Ken began his appointment on August 10. As Chief Financial Officer of the Community Health Network, Ken manages all financial functions at San Francisco General Hospital, Primary Care, Forensics Services, and Laguna Honda Hospital including accounting, patient billing, budget, and financial planning. Ken's responsibilities also include serving as a member of the CHN Leadership Team.

I am also pleased to announce the appointment of Fanny Lee as Controller of SFGH and the primary care clinics. Fanny has ten years of financial experience at major hospitals in Southern California. Fanny has worked at Good Samaritan Hospital in Los Angeles, and St. Francis Hospital in Lynwood, California, where she served as Controller. Prior to her role as Controller, Fanny served as budget manager at St. Francis Hospital, and as Senior Financial Analyst at Kaiser Permanente. She holds an MBA degree in Finance from USC. Fanny also started working for us on August 10. She is in charge of managing day to day financial operations including accounting, budgeting, and reimbursements for the Hospital and the clinics.

We are very fortunate to have recruited these two talented financial managers for our CHN management team. Please help me welcome them to the Department of Health.

Laguna Honda Hospital

I am pleased to announce the appointment of Mr. George Fribance as the Associate Administrator for Operations at Laguna Honda Hospital effective today. Mr. Fribance has earned a Bachelor of Science in Business Administration from Drake University and a Masters of Public Health in Hospital Administration from UC Berkley. He has 24 years of progressively responsible experience in healthcare administration including positions at Alta Bates, Providence, and Enloe Hospital in Chico where he recently served as Associate Administrator. I welcome him as a valuable addition to the Administrative Team at Laguna Honda.

Dr. Mary Anne Johnson Leaving Laguna Honda Hospital

Dr. Mary Anne Johnson will be leaving Laguna Honda to join UCSF as the Vice Chief of Geriatrics. She will be Chief of Clinical Geriatrics and Extended Care at San Francisco Veterans Administration Hospital. Dr. Johnson will continue to work at LHH on regulatory issues until her departure in September 1998.

I'm sure the entire Health Commission joins me in extending our very best wishes and appreciation. Two farewell gatherings have been scheduled:

1) At CHN Headquarters:	August 24th - 4:00 p.m.
2) At LHH 3rd Floor Patient Library:	August 27th - 3:00 p.m.

Again, all our best wishes for Mary Anne. Her leadership at Laguna Honda and the CHN will be surely missed.

Cal-OSHA Inspection

Cal-OSHA has completed their inspection at San Francisco General Hospital. The focus of the inspection was occupational exposures to infectious diseases, and use of engineering controls, such as safe needle devices, to prevent such exposures. Based on preliminary findings, it appears that SFGH may receive some citations as a result of this inspection. The inspection has identified areas where our programs can be improved and has highlighted our need to better document actions taken. The Cal-OSHA inspector will be holding a closing conference in September with SFGH Administration. SFGH staff is working collaboratively with Cal-OSHA and is developing action plans to abate all identified deficiencies.

1998 July statistics are available in the Commission Office.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD(S)

On behalf of the Commission, President Monfredini announced the August awardees for the Employee Recognition Awards:

	Individual (Employee Name)	Division	Nominated by
1	Ann Prato	CHN/Laguna Honda Hosp./	Ronald B. Duber, OTR
		OT Department	Daniel K.C. Lam, OTR
			Gina M. Di Grazia, OTR
			William R. Kerry, OTR
			Ana V. Wade
2	Judy Penhiter	CHN/Forensics	Erse Dirlam-Ching
3	Susan Larson	CHN/Health at Home	Mary Kay McKown, RN, MS, Rehabilitation Supervisor

	Team	Division	Nominated by
1	David Boone	CHN/Laguna Honda Hosp.	Lawrence J. Funk, Exec.Admin.
2	Alicia Fortaleza		
3	Steve Koneffklatt		
4	Sharon Kotabe		
5	Sal Tandoc		
6	William Frazier		

6) PRESENTATION OF AN UPDATE AND PROGRESS ON TRAUMA SERVICES TO SAN MATEO COUNTY

Robert MacKersie, M.D., and Carol Shagoury, R.N., M.S., presented an update on the provision of trauma services to Northern San Mateo County by San Francisco General Hospital. They provided a historical overview, San Mateo County Trauma Patient Statistics, a program evaluation, and recommendations. A copy of the complete report is available in the Commission Office.

Gene O'Connell, Executive Administrator of San Francisco General Hospital and Director of Patient Care Services of Community Health Network, reported that SFGH has contracted Bishop and Associates to provide consultation services to the Trauma Center for the purpose of examining and improving cost management and financial performance, providing strategies for trauma care, contracting and outreach, and assisting us in identifying areas for future growth and service improvement.

Commissioners' Comments:

- There is a need to keep data on the trauma population and finances.
- There needs to be a system in place to look at and analyze financial data.
- There are many positive aspects of this program; and there is not a negative impact on the delivery of emergency and trauma services to the residents in the City and County of San Francisco.

Dr. Katz reported that this program is positive financially for the Department. He assured the Commission that with the information and data from Bishop and Associates, the Department will include financial information in a report to the Commission in December 1998.

President Monfredini requested the report be calendared for a Commission meeting in December 1998.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
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Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

September 1, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF AUGUST 18, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Larkin Street Youth Center (LSYC) in the amount of $108,477 for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with LSYC for services totaling $1,064,019 during FY 1997-98).

(3.2) **PH&H-CHP&P-Health Promotion** – Request for approval of retroactive new contract with Polaris Research and Development, Inc., in the amount of $150,000 for the provision of Perinatal Outreach and Education support services, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Polaris for services totaling $782,955 during FY 1997-98).

101 Grove Street San Francisco, CA 94102 4505

(3.3) **PH&P-CHS-HIV Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $231,436, for the provision of housing wait list services for people with HIV, for the period of July 1, 1998 through June 30,1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

(3.4) **PH&P-CHS-HIV Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $200,000, for the provision of partial rental subsidy services for people with HIV who are imminently homeless, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

(3.5) **PH&P-CHS-CMHS** – Request for approval of retroactive multiyear contract renewal with Community Vocational Enterprises, Inc. (CVE), in the amount of $830,725 per year, to provide vocational rehabilitation services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CVE for services totaling $1,058,513 during FY 1997-98).

(3.6) **PH&P-CHS-CMHS** – Request for approval of retroactive modification to multiyear renewal contract with Volunteer Center of San Francisco (VCSF), increasing the contract in the amount of $33,797 per year, to provide community outreach services for the period of July 1, 1998 through June 30, 2001. The total contract amount, including this modification, is $188,694 for the fiscal year 1998-99. (DPH contracted with VCSF for services totaling $154,987 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

5) **RECONSIDERATION OF A RESOLUTION UPDATING THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT**

6) **PRESENTATION ON PREPARATION FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) SURVEY AT SAN FRANCISCO GENERAL HOSPITAL**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and

Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HEALTH COMMISSION
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 1, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:03 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST18, 1998

Action Taken: The Commission adopted the minutes of August 18, 1998.

President Monfredini, on behalf of the Commission, made a special presentation to Martha Henderson upon her retirement from Community Substance Abuse Services for 19 years of service to the Department.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Larkin Street Youth Center (LSYC) in the amount of $108,477 for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through

June 30, 1999. (DPH contracted with LSYC for services totaling $1,064,019 during FY 1997-98).

(3.2) **PH&H-CHP&P-Health Promotion** – Request for approval of retroactive new contract with Polaris Research and Development, Inc., in the amount of $150,000 for the provision of Perinatal Outreach and Education support services, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Polaris for services totaling $782,955 during FY 1997-98).

Commissioner Sanchez commended the contractor for its compliance to Board diversity.

(3.3) PH&P-CHS-HIV Services – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $231,436, for the provision of housing wait list services for people with HIV, for the period of July 1, 1998 through June 30,1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

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This item had previously been approved by the Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except #3.6

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

State Budget

On August 21, 1998, the Governor signed a $72 billion State budget for fiscal year 1998-99. The Governor vetoed $1.52 billion in spending approved by the Legislature. The vetoes were necessary to accommodate the $1.4 billion tax reduction package and to provide a $1.25 billion State reserve.

As I stated in my last Director's Report, the Department supported a number of the Legislature's health-related funding proposals – particularly those that sought to increase funding for county services. The following health-related items were approved by the Governor and budgeted for 1998-99:

- $40 million reduction of the Disproportionate Share Hospital (DSH) administrative fee;

- Elimination of the 33 1/3 percent "takeback" in the Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) program, representing an annual savings to counties of approximately $12 million statewide;

- $1.2 million to expand transitional Medi-Cal for CalWORKs families from 1 to 2 years;

- Medi-Cal rate increases for primary care and preventive services (10% for adults, 20% for children), Home Health nursing services, and emergency ambulance services; and

- $1.1 million augmentation for local assistance grants to support long-term care local planning efforts under AB 1040.

In spite of these gains, there were a number of public health and health care funding initiatives that the Governor vetoed. In total, over $52 million in augmentations were not put into the approved budget. The following are not in the 1998-99 State budget:

- $7.7 million augmentation for communicable disease control efforts;

- $8 million augmentation to expand the drug court program;

- $3 million augmentation to expand the number of children eligible for the Healthy Families Program;

- $6 million augmentation for HIV/AIDS services and programs (namely, AIDS Drug Assistance Program, anonymous HIV testing at family planning clinics and organ transplant research for people with HIV)

- $794,000 for the Breast Cancer Early Detection program (the Governor indicates that he will sign legislation to fund the program from Prop 99 funds); and

- $5 million for the California Statewide Supportive Housing Initiative.

In addition, the Governor reduced Medi-Cal rate increases proposed by the Legislature for hospital outpatient services (10% increase reduced to 5%), and optometry services (25% increase reduced to 12.5%). The Governor did not approve a Medi-Cal rate increase for non-emergency transportation.

The Governor vetoed $36.8 million for prenatal care to undocumented women beginning January 1, 1999. However, this does not mean that the State will not cover the costs of prenatal care after that date. Undocumented women will still be eligible for this State-funded program. The Governor has placed $36.8 million in a State Reserve Account that will continue to pay for the costs of providing prenatal care to undocumented women after January 1, 1999 until the State litigation is resolved.

The Department is concerned by the Governor's decision to veto mental health funding under CalWORKs. In 1997-98, San Francisco received $300,000 to provide mental health services to CalWORKs participants. The proposed 1998-99 budget allocated $21.9 million in State funds needed to match $22.6 million in federal funds to provide mental health services for CalWORKs recipients. The Governor's veto of this initiative results in unspecified funding for mental health services in the CalWORKs program. It is critical that families transitioning from welfare to work have access to a full array of support services if they are to be successful in this transition. The Department is working with the State, County Welfare Directors Association of California and the California Mental Health Directors Association on this issue.

Municipal Fiscal Advisory Committee Award
I am extremely pleased to announce that Monique Zmuda, our Chief Financial Officer, was one of five City winners of the Municipal Fiscal Advisory Committee Award. This very well deserved award acknowledges the tremendous contribution Ms. Zmuda made to the Health Department during the prior year. These contributions include: centralizing fiscal reporting in the Department, developing user-friendly financial reporting for the Department and the public, redesigning the Medi-Cal Administrative Claiming Program, managing a revenue maximization program in Short-Doyle Medi-Cal revenues for Mental Health and recommending and receiving approval to secure a revenue contingency reserve for the Department.

I also want to take this opportunity to again acknowledge the Department's other award nominees. They were:

Tangerine Brigham, Director of Policy and Planning
Barbara Garcia, Director of Community Substance Abuse
Health at Home Management Team:
  Kathy Eng, MPH; Pam Bohman, RN; M.K McKown, RN NP; Lisa Johnson, MD;
  April Lax, MSW; and, Mary McCutcheon, RN
Yuki Kubo-Hendricks, Supervising Pharmacist, Jail Health Services
Nancy Presson, Associate Director/Managed Care, Mental Health Services

POPULATION HEALTH PREVENTION

Breast Cancer Study
Today the Center for Disease Control and Prevention (CDC) is holding a public meeting in San Francisco to present and discuss their Congressional report entitled *CDC Review of the Northern California Cancer Center Report: "Status of Breast Cancer Research in the San Francisco Bay Area."* Our Community Health Epidemiology and Disease Control Branch, under the direction of Dr. Tomás Aragon, has been involved in the project. In addition to Department staff attending the meeting, Dr. Daramola Cabral-Evins and Karen Pierce are participating in the community panel to respond to questions and answers.

Breast cancer is the most common cancer among women. As you are aware, over the past several years concern has been raised that the rate of breast cancer is higher in the Bay Area than in other regions. There is also concern that the mortality rate of breast cancer among African-American women is higher than for other women. Finally, within the Bayview Hunters Point community there has been longstanding concern over the relationship between environmental toxins and the incidence of disease, cancer being one of them.

Congress instructed the CDC to work with the Agency for Toxic Substances and Disease Registry to review breast cancer incidence and mortality in the San Francisco Bay Area (SFBA). Their findings and recommendations are as follows:

- The incidence of invasive breast cancer in SFBA has decreased since 1987 and is comparable to the rates in other areas of the United States,

- Higher rates of breast cancer in SFBA were due in part to higher use of mammography, a greater number of women screened and a greater number of cancer being detected. In addition, the higher prevalence of known risk factors in the SFBA may have contributed to the elevated rates,

- Incidence of invasive breast cancer is decreasing in SFBA,
- Death rates for breast cancer in the SFBA have decreased since 1991 and are now comparable to the United States rates,
- Nearly 40 research studies are under way in the SFBA to better understand the occurrence of breast cancer, and
- Cancer surveillance in the SFBA has included very complete case identification and high quality case information.

The following is being recommended:

- Continue to closely monitor cancer surveillance,
- Analyze mammography utilization since 1991,
- Develop a broad-based approach to breast cancer research given the multiple potential causes of the disease, and
- Have the CDC develop a field-test and implement a Cancer Inquiry Response System.

The public meeting is still in session. I will be able to provide the Health Commission with more insight into the community's response to the CDC report at a later date. The Department will continue to work with others to track the incidence of breast cancer and provide health care services to those who have the disease.

New Appointment

I am happy to announce the appointment of Rajiv Bhatia, M.D., as Medical Director of Environmental Health and Occupational Safety. This new position was created from my prior position of Director, Health and Safety. The decision to fill the position in this way was my perception that the Health Department needed more expertise in the area of environmental and occupational health, especially given the concerns of various community groups about environmental exposures in their neighborhoods. Dr. Bhatia will also provide supervision to the Occupational Safety staff at San Francisco General Hospital, Laguna Honda Hospital, and the Community Clinics.

Dr. Bhatia is a graduate of Stanford Medical School, received an MPH from the University of California at Berkeley, was a postdoctoral fellow in the Division of Occupational and Environmental Medicine at UCSF. He has completed several important research projects in environmental health. In addition, Dr. Bhatia has provided care to patients at Tom Waddell Clinic for several years, and intends to continue to provide primary care within the Community Health Network. Please join me in welcoming Dr. Bhatia to the Department.

Tobacco Free Project

The Department's Tobacco Free Project has been selected as a runner-up for the 1998 National Association of County and City Health Officials (NACCHO) Champion for Tobacco-Free Youth Award. This is the second year that the association is making awards to give national recognition to outstanding, significant and creative initiatives by local health departments to reduce youth access to and use of tobacco. The awards will be presented at the NACCHO Annual Meeting in St. Louis, Missouri, on September 25.

COMMUNITY HEALTH NETWORK

LHH Pharmacy Research Protocol Presentation

A research protocol developed by the LHH Director of Pharmacy and Clinical Pharmacists, Sharon Kotabe, Michelle Fouts, and Eunice Lo was accepted for presentation as "research in progress" at the Midyear Clinical meeting of the American Society of Health-Systems Pharmacist. The research protocols are used to evaluate the predictive validity of risk factors for drug related problems in elderly long-term care residents. The meeting takes place December 6-10, 1998 in Las Vegas. The study will assess residents of LHH over the age of 65 for the presence of risk factors and follow them for drug-related outcomes over the course of one year. The results of the study will help identify at risk residents who may benefit from intensified pharmaceutical care services.

Pharmacy Update

The Community Health Network (CHN) is proceeding with an extensive evaluation of the operation and finances of the SFGH Pharmacy. Ken Jensen, the new Chief Financial Officer of the CHN, will be looking at all aspects of pharmacy finances including billing, purchasing, and labor budgets. Sharon Kotabe, Pharm.D., Pharmacy Director of Laguna Honda Hospital, will provide valuable expertise in assessing aspects of both inpatient and outpatient operations. Sharon is also a member of the CHN Pharmacy Council and will work with the Council to analyze the clinical implications. The evaluation will be presented to the CHN Joint Conference Committee at the end of September.

1998 Consumer Friendly Business Award

On August 27, the Mental Health Board of San Francisco presented the "1998 Consumer Friendly Business Award" to Walgreens and to Roses Deli and Grocery. A reception and awards ceremony was held at the Mental Health Rehabilitation Facility. The San Francisco Health Commission and the San Francisco Board of Supervisors also presented Certificates of recognition. The awards were made in recognition of the "warmth, patience and respect" these Potrero Avenue businesses have demonstrated to the residents of the Mental Health Rehabilitation Facility while they shop at their stores.

The award ceremony was attended by the residents and staff at the MHRF, members of the Mental Health Board, Supervisor Amos Brown, and staff from Community Mental Health Services. Owner, Andy Ateyeh, accepted the award for Roses Deli and Grocery. The award for Walgreens was accepted by Luis Padilla, local manager, he was accompanied by other staff and by representatives of the district office.

President Monfredini, on behalf of the Commission, congratulated Monique Zmuda on being one of the five winners of the Municipal Fiscal Advisory Committee Awards.

Commissioner Chow requested a presentation of the CDC Congressional Report on Breast Cancer in the Bay area.

5) RECONSIDERATION OF A RESOLUTION UPDATING THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

Dr. Katz reported the following:

On August 4, 1998, I presented an updated Mission Statement to the Health Commission for consideration. The department believes that it is important to ensure that its Mission Statement accurately communicates and describes our role and responsibility.

Our Mission Statement must acknowledge the valuable role that the Department plays as both the agency overseeing the public's health and as a provider of care.

At the last Health Commission meeting, Health Commissioners provided feedback on the Mission Statement. The Department has attempted to incorporate those comments.

With that in mind, the Department thought it might be helpful to reaffirm the Department's Vision Statement as it considers updating the Mission Statement. We believe that the Vision Statement provides the context for how the Department carries out its mission – it constitutes our guiding principles and values. I believe that it is important for any mission statement to be understandable to not only by our staff but also the public. As I indicated at the Health Commission hearing, the Mission of the Department remains the same. However, we believe that the proposed version more succinctly describes our fundamental role.

Action Taken: The Commission unanimously adopted Resolution #30-98, "Reaffirming the Department of Public Health's Vision Statement and Restating the Mission Statement", (Attachment A).

6) PRESENTATION ON PREPARATION FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) SURVEY AT SAN FRANCISCO GENERAL HOSPITAL

Mr. Robert Christmas, Special Assistant for Accreditation Services, presented the following report:

Every three years San Francisco General Hospital is surveyed for JCHO accreditation. In preparation, members of the Commission are oriented in small groups to inform them of their responsibilities as members of SFGH's Governing Body. Today's presentation will serve as an orientation for all Commissioners.

The presentation will give you a status report on the readiness of SFGH for the survey process.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is a private, not-for-profit organization, which evaluates and accredits nearly 18,000 health care organizations and programs in the United States, including more than 11,000 hospitals and home care organizations, and over 7,000 other health care organizations that provide long term care, behavioral health care, laboratory and ambulatory care services. The Joint Commission also accredits health plans, integrated delivery networks, and other managed care entities. In addition, the Joint Commission provides a broad array of educational and consultative services and products to accredited organizations. More than 5000 employees work in the JCAHO Central Office, and approximately 690 surveyors perform the surveys of health care organizations.

The Consolidated Accreditation and License Survey (CALS) combines three required surveys into one five-day survey. These three surveys are: JCAHO, Department of Health Services (Title 22), and the California Medical Association (CMA).

The purpose of accreditation surveys is to ensure that the quality of care provided by health care organizations meets the standards set by accrediting organizations. Our facilities stand for accreditation surveys primarily for three purposes: 1) to improve the quality of care provided to the public we serve; 2) to ensure we receive reimbursement from Federal, State and private payors, and 3) support an approved residency teaching program.

There are eight accreditation decision categories: Accreditation with Commendations, Accreditation, Accreditation with Recommendations for Improvement, Provisional Accreditation, Conditional Accreditation, Preliminary Non-Accreditation, and Not Accredited. *It is our goal to receive an Accreditation with Commendation Decision.*

The Joint Commission will make available, upon request, an organization's Performance Report, which includes organization-specific performance data. The Accreditation Decision Report remains confidential unless otherwise provided by law.

Although we are now a network, only components covered by SFGH's license will be surveyed. Those components include the following areas:

General Acute Care

Perinatal
Intensive Care
Pediatric
Intensive Care New Born Nursery
Coronary Care
Unspecified General Acute Care (M/S)
Acute Psychiatric

Skilled Nursing

Mental Health Rehabilitation Facility
Ward 4-A

Other Services

Cardiac Cath Lab
Dental
Emergency Services
Audiology
Speech Pathology
Respiratory Care
Physical Therapy
Occupational Therapy
Nuclear Medicine
Outpatient Services

The responsibilities of leadership at SFGH are defined by the CALS Survey Process. The following groups and individuals are defined as leadership: The Health Commission, the Director of Health, the Chief Executive Officer of the CHN, and the Chief Executive Office of SFGH. Their responsibilities are listed below:

Health Commission

- Set Policy
- Strategic Planning
- Promote Performance Improvement
- Approve Medical Staff Appointment/Reappointment
- Establish/Maintain Staff Competency
- Assure Compliance with Applicable Laws and Regulations
- Approve Resources (Budget)
- Provide Focused Governance (JCC)

Director Public Health

- Implement Policy
- Develop Budget
- Appoint CEO/CHN and Delegates Appointment Responsibilities
- Approve Medical Staff Appointment/Reappointment
- Strategic Planning

CEO-CHN

- Implement Policy
- Strategic Planning
- Appoint CEO-SFGH, CEO-LHH, CMO-CHN
- Develop Budget

CEO-SFGH

- Implement Policy
- Strategic Planning
- Appoint Senior Leader
- Develop Budget

There are a number of CALS and JCAHO preparation activities to be accomplished prior to the CALS and the JCAHO Accreditation Surveys. Those activities include: Mock Surveys of Patient Care Areas; Function Interview; Education/Staff Impact Sessions and Focus Group Interviews; Professional Consultations and Audits. I am pleased to report SFGH is doing well in these preparatory activities. Currently, 63% of these activities have been accomplished. The remaining activities will be concluded by January 1999.

The Mock Surveys will be held November 2, 3 and 4. The full CALS Survey will be held in March 1999.

Mr. Christmas reviewed the following areas:

a) Overview of Joint Commission
b) Consolidated Accreditation and License Survey (CALS)/Accreditation Decision Process
c) Standards and Survey Process
d) 1998 JCAHO Leadership and Governance Standards
e) Survey Readiness/Activities
f) Official Accreditation Decision Report
g) Memo on Most Frequently Cited Standards

Commissioners' concerns:

- Given the recent stringent HCFA oversight of Laguna Honda Hospital, is there a concern for this survey?

- Are physical facilities an issue?

- Clarification was requested on what encompasses a review for medications management for inpatients and outpatients.

- In the context of managed care, is there capacity in the Emergency Department, Pharmacy, in relation to the demand in these areas? How is this evaluated through the survey process?

- It is better to inform the Commission of any problem areas to avoid surprises to the Commission.

- The governing body, through the Director of Health, approves the medical staff appointments and is the appeal body for the physicians.

- The Competency Report for 1998 would come to the Commission in December 1998.

- Consumer and Commission involvement would be included in strategic planning.

Mr. Christmas stated that the hot issues for JCAHO surveys include patient rights, ADA access, environment, facility safety, and life safety.

President Monfredini and Commissioner Barnes commended the Department for a comprehensive, well laid out plan for the JCAHO survey.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 30-98

REAFFIRMING THE DEPARTMENT OF PUBLIC HEALTH'S VISION STATEMENT, AND RESTATING THE MISSION STATEMENT

WHEREAS, the Department of Public Health has both a Vision Statement and Mission Statement; and,

WHEREAS, the Vision Statement provides the guiding principles and values of the Department of Public Health, and the Mission Statement defines the Department's fundamental responsibilities in carrying out the vision; and,

WHEREAS, the Department of Public Health has responsibility for overseeing the health of the entire community and a role in providing comprehensive health care services; and,

WHEREAS, the Health Commission adopted a Vision Statement for the Department of Public Health via Resolution #4-93, and believes that the Vision Statement is still appropriate; and,

WHEREAS, the following Vision Statement for the Department of Public Health is being affirmed:

San Francisco will be a leader in health. The staff and volunteers for the Department of Public Health will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:

1. Everyone lives in a healthy neighborhood;
2. Everyone has equal access to needed, quality care;
3. Services are client-focused and culturally proficient;
4. We are partners with clients and communities, and their needs determine resource allocation;
5. We recognize the special contributions of every person working in the system;
6. All providers collaborate as part of a unified citywide health and human service system;
7. All providers emphasize primary prevention and wellness;
8. We insure the very best use of public funds, and all services are cost effective;
9. We are creative, innovative, and continually strive for excellence;
10. We stand for teamwork, collaboration, integrity and accountability; and
11. Clients and communities value our services and trust us.

WHEREAS, the Mission Statement is being updated to ensure that it accurately communicates and describes the Department of Public Health's fundamental role and responsibilities; and, WHEREAS, the following Mission Statement has been proposed by the Department of Public Health:

The mission of the Department of Public Health is to protect and promote the health of all San Franciscans.

The Department of Public Health shall:

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally-proficient health services
- Ensure equal access to all

now, therefore, be it

RESOLVED, that the San Francisco Health Commission reaffirms the Department of Public Health's Vision Statement as adopted by Resolution #4-93; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission adopts the Department of Public Health's restated Mission Statement; and, be it

FURTHER RESOLVED, that this Mission Statement replaces all previous Mission Statements.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 1, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

/98

September 15, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 1, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Update on site selection for new dental service awards RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services.

(3.2) **PH-Finance** – Request for approval of a resolution to change the San Francisco Administrative Code to allow the Director of the Department of Public Health to enter into and execute written agreements that contain mutual indemnification provisions on behalf of the City with the Regents of the University of California, UCSF/Stanford Health Care, Alameda County, San Mateo County and the San Francisco Unified School District.

(3.3) **PH&P-CHP&P-HIV Prevention Services** – Request for retroactive approval of new contract with Continuum HIV Day Services in the amount of $86,372, for the provision of HIV counseling, testing, referral, partner notification (CTRPN) and no show follow-up for CTRPN services, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Continuum for services totaling $781,456 during FY 1997-98).

(3.4) **PH&P-CHS-HIV Health Services** – Request for approval of four-year contract renewal with Mission Neighborhood Health Center (MNHC), in the amount of $300,000 per year, to provide early intervention services for persons with HIV for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $856,819 during FY 1997-98).

(3.5) **PH&P-CHS-HIV Research** – Request for retroactive approval of sole source request and new contract with the University of California San Francisco, Department of Epidemiology and Biostatistics (UCSF), to fund an Epibiostatistician, in the amount of $50,000 per year, for the provision of research and data analysis consultation, for the period of April 6, 1998 through September 29, 1999 for a total contract value of $75,000. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

(3.6) **PH&P-CHS-CMHS-Child & Family** – Request for retroactive approval of renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) to provide: 1) Adolescent inpatient, partial hospitalization and transitional services in the amount of $320,000, and 2) Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal funded psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000. (DPH contracted with St. Mary's for services totaling $1,309,310 during FY 1997-98).

(3.7) **PH&P-CHS-CMHS-Adult Acute** – Request for retroactive approval of renewal contract with Saint Francis Memorial Hospital to provide: 1) 24-hour acute psychiatric inpatient services to adult patients funded in the amount of $196,498, and 2) Medi-Cal funded psychiatric inpatient hospital services for adults for the period of July 1, 1998 through June 30, 1999. The total dollar amount for adult psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospital providers is $5,000,000. (DPH contracted with St. Francis for services totaling $196,498 during FY 1997-98).

(3.8) **PH&P-CHS-CMHS** – Request for approval of retroactive renewal contract with Davis Y. Ja & Associates, Inc. (DYJ), in the amount of $126,980/first year, to conduct an annual review of mental health service contracts and write reports of the findings for the period of July 1, 1998 through June 30, 2002. ,(DPH contracted with DYJ for services totaling $210,311 during FY 1997-98).

(3.9) **PH&P-CHS-CSAS** – Request for approval of second modification to the contract with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $971,240, to extend the term of the contract and continue the fiscal intermediary services for the federal San Francisco Target Cities Project for the period of October 1, 1998 through September 30, 1999. (DPH contracted with HAFC for services totaling $9,260,563 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS**

6) **UPDATE ON THE SAN FRANCISCO MENTAL HEALTH PLAN AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE**

7) **PRESENTATION BY THE LONG-TERM CARE TASK FORCE (AB 1040) AND CONSIDERATION OF A RESOLUTION ENDORSING RECOMMENDATIONS TO IMPROVE LONG-TERM CARE SERVICE DELIVERY CONTAINED IN THE PROPOSAL FOR A LONG-TERM CARE INTEGRATION PILOT PROJECT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **CLOSED EXECUTIVE SESSION:**

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: SUE LONG SOON ET AL V. CCSF
SUPERIOR COURT #987-398

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

98

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 15, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:00 p.m.

Present:	Commissioner Debra A. Barnes (arrived at 4:20 p.m.) Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 1, 1998

Action Taken: The Commission unanimously adopted the minutes of September 1, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

Note: Commissioner Hill chaired the Budget Committee meeting since Commissioner Sanchez arrived at 2:30 p.m. Commissioner Parker was present.

(3.1) Update on site selection for new dental service awards RFP 018-97 Integrated HIV Services and Other HIV/AIDS Health Services.

Commissioner Parker expressed his concern that the Tenderloin site is inappropriate; but he does support the decentralized model to increase accessibility for consumers.

(3.2) **PH-Finance** – Request for approval of a resolution to change the San Francisco Administrative Code to allow the Director of the Department of Public Health to enter into and execute written agreements that contain mutual indemnification provisions on behalf of the City with the Regents of

the University of California, UCSF/Stanford Health Care, Alameda County, San Mateo County and the San Francisco Unified School District.

> See Resolution #31-98, "Recommending Ordinance Changes to Authorize the Director of Health to Enter Into and Execute Written Agreements with Mutual Indemnification Provisions on Behalf of the City and County of San Francisco, with Five Health and Medical Service Providers: the Regents of the University of California, UCSF/Stanford Health Care, Alameda County, San Mateo County, and the San Francisco Unified School District", (Attachment A.)

(3.3) **PH&P-CHP&P-HIV Prevention Services** – Request for retroactive approval of new contract with Continuum HIV Day Services in the amount of $86,372, for the provision of HIV counseling, testing, referral, partner notification (CTRPN) and no show follow-up for CTRPN services, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Continuum for services totaling $781,456 during FY 1997-98).

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> Commissioner Sanchez abstained due to conflict of interest.

(3.5) **PH&P-CHS-CMHS-Child & Family** – Request for retroactive approval of renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) to provide: 1) Adolescent inpatient, partial hospitalization and transitional services in the amount of $320,000, and 2) Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal funded psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000. (DPH contracted with St. Mary's for services totaling $1,309,310 during FY 1997-98).

> Catholic Healthcare West will survey its Board and staff on gender and sexual orientation demographics.

(3.7) **PH&P-CHS-CMHS-Adult Acute** – Request for retroactive approval of renewal contract with Saint Francis Memorial Hospital to provide: 1) 24-hour acute psychiatric inpatient services to adult patients funded in the amount of $196,498, and 2) Medi-Cal funded psychiatric inpatient hospital services for adults for the period of July 1, 1998 through June 30, 1999. The total dollar amount for adult psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six (6) hospital providers is $5,000,000. (DPH contracted with St. Francis for services totaling $196,498 during FY 1997-98).

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.5.

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

Note: Dr. Katz submitted his written report to the Commission.

ADMINISTRATION

Appointment

I am pleased to announce the appointment of Jimmy Loyce as the Director of the Office of Integrated Care Services. In this new position, Jimmy will serve as the administrative bridge between the Community Health Network and Population Health & Prevention, with oversight and management responsibility for the integration of these two divisions. Jimmy returns to the Department after four and half years as Chief Executive Officer of AIDS Project, Los Angeles. Prior to his move to Los Angeles in 1994, Jimmy had a distinguished 12-year career in our Department of Health where he held a number of leadership positions, including Associate Director of the AIDS Office. I am sure the Commission joins me in welcoming Jimmy as we look to him for ongoing assessment, planning and implementation of an integrated care system for the Department.

POPULATION HEALTH &PREVENTION

CBS Broadcast on CHIPPS Program

"CBS This Morning" has a feature called "Eye on People" which aired a program about the San Francisco Health Department's Community and Home Injury Prevention Program for Seniors (CHIPPS) eight years ago. CHIPPS was recently selected for a follow-up "Where are they now?" feature. CBS re-broadcasts the original tape, adding new information using voice-over. The segment, titled "Elder Proofing," was aired once on September 4, and is expected to be broadcast again on November 17 at 6 p.m., and November 18 at 11 am EST. CBS will be providing the Department with a copy of the tape.

Airport Air Piracy Exercise

An airport air piracy exercise will be conducted at the San Francisco International Airport on September 16. Environmental Health Emergency Responders (as well as numerous other agencies, including the Federal Bureau of Investigation) will be participating in the exercise, which involves the simulated release of a "chemical weapon." The City's Fire Department Hazardous Materials Team Rescue will perform decontamination and treatment of approximately 50 "victims". The Environmental Health Emergency Responders will serve as technical consultants for the Hazmat Team.

Urban Health Certified Addiction Treatment Specialist Certificate

A Certified Addiction Treatment Specialist Program has been developed as one of the system enhancements of the Treatment on Demand Initiative. This certification program is a collaborative effort between CSAS, and the Community Health Training and Development Center (a joint project of SF City College and SF State University). Thirty-seven students from 13 CSAS agencies have been awarded full scholarships to participate in this certification program. This addiction specialist program will increase the knowledge and skills of front line substance abuse counselors and will enhance the quality of services in our substance abuse system.

California State Senate Subcommittee on Disease Morbidity and Mortality Disparity Hearing
A new Senate Subcommittee on Disease Morbidity and Mortality Disparity has been formed to address the reduction of racial and ethnic disease disparities within the State of California. Informational hearings of this Subcommittee will be held in Los Angeles on September 17 and 18.

Dr. Tomás Aragón, the Director of our Community Health Epidemiology Section, is testifying at the hearing. His presentation is titled: "Applied Research: A Model From A County Public Health Perspective".

COMMUNITY HEALTH NETWORK

Re-survey of Laguna Honda in Progress:
Six surveyors from the State Department of Health Services Licensing & Certification Division and two evaluators from the Health Care Financing Administration returned to Laguna Honda September 8. The State and Federal survey team is re-surveying Laguna Honda to validate compliance with the Hospital's Plan of Correction accepted on July 10.

This re-survey is significant to the Hospital since it must demonstrate substantial compliance with Federal and State requirements to continue its participation in the Medicare/Medicaid Programs. The survey team reported that they anticipate being at the Hospital through this week. I will advise the Commission of the results of the re-survey at our next meeting.

Governor Visits the Gallo Institute on the SFGH Campus
Governor Pete Wilson joined with officials of the University and the Community Health Network at the Gallo Institute on SFGH's Campus this past Wednesday to highlight the $16.8 million in the State 1998-99 budget to assist the Center. The scientists at the Gallo Institute are working to prevent and treat alcoholism by identifying its biological causes and finding a way to block the addiction.

SFGH Section of West-Bay Hospital Conference
Anthony Wagner, Executive Administrator of the Community Health Network (CHN), and Dr. Martin Brotman, Chief Executive Officer of Cal Pacific Medical Center, have been elected co-chairs of the San Francisco Section of the West-Bay Hospital Conference. They succeed Martin Diamond, who was recently appointed President and Chief Administrative Officer of John Muir Hospital in Walnut Creek.

CHN Begins Strategic Planning
The CHN Strategic Planning Process begins in October. Staff has been collecting and analyzing data from other public and private providers to frame critical strategic questions. Building on DPH's 1996 strategic restructuring, the newly appointed Committee will make recommendations to the CHN Executive Administrator and Leadership Group on long-range strategic direction. This process will become the basis for the CHN's FY 1999-2000 operational direction and budget priorities. Dr. Chow will be a member of this Committee, and the ongoing process will be reported regularly at the CHN Joint Conference Committee.

San Francisco Airport Medical Service
Yesterday, a celebration was held to mark the culmination of five years of collaboration between the Department of Public Health's Community Health Network, the San Francisco International Airport, and UCSF. The San Francisco Airport Medical Service is the only comprehensive physician practice operating within a major US Airport.

I'd like to thank the following people for helping make the SFO Medical Clinic a success: Gene O'Connell, CHN Director of Patient Care and SFGH's Executive Administrator; Chris Wachsmuth, CHN Associate Hospital Administrator of Emergency Services, Trauma and Rehabilitation; Jerry Rankin, Director of the Office of Managed Care; Eric Miller, Director; and Carlos Villava, Plant Services. In addition, a special thanks to the hardworking clinicians, providers, and administrative staff at the SFO Medical Clinic: Roland Pickens, Clinic Director; and Dr. Garick LeGuyader, Chief Medical Officer.

Fire at Anesthesiology Lab on SFGH Campus

On September 11, 1998 at approximately 6:00 p.m., a fire broke out in Building 1 on the SFGH Campus. Both the Fire and Police Departments responded immediately. The fire was started when methanol gas was poured in close proximity to the open flame of a Bunsen burner. The fire ignited one man's shirt. The fire was extinguished by the automatic sprinkler system. Three people were injured and taken to the SFGH Emergency Department. One person remains hospitalized in the ICU in serious condition.

There was no structural damage to the building, however, the water used to put out the fire damaged a workstation, numerous lab supplies, and some equipment. The UC Environmental Health and Safety team visited the site that same evening and determined the area was free of any hazardous materials. OSHA conducted a walk-through visit of the site and interviewed staff September 14. A Critical Incident review will take place within week, and we will continue to evaluate all of our internal systems and how they responded.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS

President Monfredini presented the Department of Public Health Employee Recognition Awards to the following:

Individual	**Division**	**Nominated By**
Bill Lee (U.C. employee)	CHN/SFGH Dept. of Psychiatry Div. of Substance Abuse	Gary A. Winter
Clifton Hicks, MSW	Population Health & Prevention Southeast Child Family Therapy Center	Michael Kreutzer, M.D.

Note: Mr. Hicks could not be present today. His presentation will be rescheduled for Sept. 29, 1998.

Team	**Division**	**Nominated By**
Judy Lam, R.N	CHN/Health at Home	Mary McCutcheon
Maria Calles, HHA	CHN/Health at Home	“ “
Elyse Miller, MSW	CHN/Emergency Department Case Management Program Div. of Psychosocial Medicine	“ “ “ “
Jennifer Wachter, MSW	CHN/Emergency Department Case Management Program Div. of Psychosocial Medicine	“ “

6) UPDATE ON THE SAN FRANCISCO MENTAL HEALTH PLAN AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE

Dr. Katz provided an update on the S.F. Mental Health Plan and a review of options for increasing revenues and/or reducing costs. (Attachment B).

Ms. Jo Ruffin, Director of Mental Health, gave a historical perspective on mental health managed care; and Louise Rodgers provided data and cost projections. For a copy of the full report contact the Commission Office (554-2666).

Public Speakers: all of the speakers supported more funding for mental health services.

Jennifer Freidenbach, Coalition on Homelessness
Maggie Cockrell
William Bacon
Edward Evans, Community Resources Action Project
Richard Heasley, S.F. Mental Health Contractors Association
Eve Meyer, S.F. Suicide Prevention
Steve Leoni, consumer advocate
Richard Shadoan, M.D., S.F. Psychiatric Society
Stephen Zollman, PRAS, Inc.
Frederick Hobson, S.F. Health Authority Board member
Jane Kahan, Mental Health Association
Beth Johnson, Substance Abuse and Mental Health Work Group
Bill Hirsh, Mental Health Association
Maria Leib, Chair, Mental Health Board
Kym Valadez, Swords to Plowshares
Alison McInness, M.D., UCSF, Caduceus
Marykate Connor, Caduceus Outreach Services
Roger Kat, Coalition on Homelessness
Yvonne Mere, Homeless Advocacy Project
Estela R. Garcia, Ph.D., Latino Mental Health Coalition

President Monfredini thanked the Department for the data and cost projections requested by the Commission. She thanked the mental health advocates for their testimony.

Commissioner Guy recommended that the Commission, after getting more precise figures, consider going back to City Hall after the November election to request a supplemental.

Commissioner Sanchez encouraged the Department to look at private foundations independent of tax dollars. He would like this item be continued to get more information on other private funding sources.

Commissioner Barnes commented that she did not have enough information.

Commissioner Guy would like the Department to further investigate other options, (i.e., use of Department reserves, accumulated savings in the fiscal year). She suggested the Commission continue the update on this item to the October 20, 1998 agenda and to make a decision on November 17, 1998. She would like this issue to be monitored at the Joint Conference Committee for Population Health and Prevention.

By consensus, the Commission directed the Department to continue this item to the October 20, 1998 agenda, to continue looking at other options to fund mental health, and to bring back accumulated data and finance information to the Commission.

7) PRESENTATION BY THE LONG-TERM CARE TASK FORCE (AB 1040) AND CONSIDERATION OF A RESOLUTION ENDORSING RECOMMENDATIONS TO IMPROVE LONG-TERM CARE SERVICE DELIVERY CONTAINED IN THE PROPOSAL FOR A LONG-TERM CARE INTEGRATION PILOT PROJECT

Mr. Anthony Wagner, Co-Chair of the Citywide Long-Term Care Task Force, introduced Co-Chair Janice Chin-Hansen, members of the Task Force, Design Team members, and Project Coordinator Bill Haskell.

Mr. Haskell presented the overview of the concept paper for San Francisco's Long-term Care Integration Pilot Project, (Attachments C and D). The full concept paper is available in the Commission Office (554-2666).

Ms. Chin-Hansen emphasized a vision for the future and the ability to think broadly. For long-term care, there is a need for an infrastructure and financing for people at different levels of income. Work force issues also need to be addressed. She believes that a partnership and teamwork are needed among community groups, institutions, health system, and housing.

Public Speakers:
Norma Satten, LTC Task Force and PECC
Karen Young-Simmons, consumer, CIAPA
Peggy Coster, consumer, CIAPA
Edward Evans, Community Resources Action Project

Commissioner Guy requested an update come back to the Commission in 90 days (December/January). On the governance question, there should be an exploration of the potential capacity of the S.F. Health Authority. She would like the governance question addressed sooner than later. She encouraged the Task Force to view institutional care and community care as a true partnership. Her final point was to encourage a faster integration of the plan.

Commissioner Sanchez thanked the Task Force for its work. He sees the necessity to redefine funding in order to have sustained funding. One has to think outside the traditional box and look at integration of government, private and philanthropic sources.

Commissioner Hill thanked the Task Force for its commitment for this plan, which will be a model for the nation.

Commissioner Barnes endorsed the spirit of the proposed resolution. She noted the expertise and commitment of the Task Force in this participatory process.

Action Taken: The Commission unanimously adopted Resolution #32-98, "Endorsing the Recommendations to Improve Long-Term Care Service Delivery Contained in the Proposal for a Long-Term Integration Pilot Project," (Attachment E).

Mr. Wagner stated the Task Force will come back to the Commission in 90 days.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a Closed Session.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: SUE LONG SOON ET AL V. CCSF
SUPERIOR COURT #987-398

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission approved a settlement of a total of $90,000, with the Police Department paying #34,000 and the Health Department's Paramedic Division paying $56,000.

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted to not disclose any discussions held in Closed Session.

The meeting was adjourned at 6:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 31-98

RECOMMENDING ORDINANCE CHANGES TO AUTHORIZE THE DIRECTOR OF HEALTH TO ENTER INTO AND EXECUTE WRITTEN AGREEMENTS WITH MUTUAL INDEMNIFICATION PROVISIONS ON BEHALF OF THE CITY AND COUNTY OF SAN FRANCISCO, WITH FIVE HEALTH AND MEDICAL SERVICE PROVIDERS: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, UCSF/STANFORD HEALTH CARE, ALAMEDA COUNTY, SAN MATEO COUNTY, AND THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT

WHEREAS, the Department of Public Health wishes to streamline the processing of contracts wherever possible; and,

WHEREAS, contracts with public entities or entities with a similar commitment to public purposes usually require mutual or cross-indemnification; and,

WHEREAS, the Board of Supervisors must review and approve all contracts with a mutual indemnification section because of the potential liability involved; and,

WHEREAS, the Department of Public Health desires to renew contracts with the following entities: the Regents of the University of California, UCSF/Stanford Health Care, Alameda County, San Mateo County, and the San Francisco Unified School District for medical and prevention services; and,

WHEREAS, the Department of Public Health contracts with these entities to provide necessary services for an amount totaling over $17 million; and,

WHEREAS, Department of Public Health contracts require indemnification of the City and County of San Francisco; and,

WHEREAS, these entities have required mutual or cross-indemnification in these contracts; and,

WHEREAS, the Department of Public Health recommends, and the Health Commission agrees, that mutual indemnification for these contracts is an expeditious, cost-efficient way to deal with their need to reduce and manage their risks; and,

WHEREAS, the Department of Public Health, with the approval of the Health Commission, has requested approval of the mutual indemnification language in these contracts from the Board of Supervisors; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 31-98 (Cont'd.)

WHEREAS, the Board of Supervisors has agreed to the addition of mutual indemnification language to all of these contracts in past years; and,

WHEREAS, the risk management experience of the City and County of San Francisco with these contracts indicates a very low probability for lawsuits, with a resulting lawsuit or settlement yet to occur; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommends that the San Francisco Board of Supervisors authorize the Director of Health to enter into and execute written agreements that contain mutual indemnification provisions on behalf of the City and County of San Francisco with the Regents of the University of California, UCSF/Stanford Health Care, Alameda County, San Mateo County, and the San Francisco Unified School District relating to the provision of medical services, including mental health and substance abuse services, to San Francisco residents.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 15, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Date: September 9, 1998

To: Lee Ann Monfredini
President, Health Commission

From: Mitch Katz, M.D.
Director of Health

Subject: Update on the status of the mental health plan and single standard of care for MediCal beneficiairies and the uninsured

An update on the status of the San Francisco Mental Health Plan is attached for your review. As you will recall from a presentation made to the Health Commission in July, an analysis of treatment authorizations for the first three months (April through June) of the San Francisco Mental Health Plan indicated that maintenance of a single standard of care for Medi-Cal beneficiaries and for people who were either uninsured or underinsured would generate a deficit of approximately $4.7 million by the end of fiscal year 1998-1999. That projection was consistent with the difference between the initial budget request of $5.8 million for single standard of care and the $1 million we ultimately received.

At that meeting, the Department proposed to phase-in a single standard of mental health care by prioritizing those populations at greatest need. However, the Commission asked for additional information on cost projections based on an additional two months of experience. Also, the Commission wished a fuller understanding of whether any funds would be available from FY 97-98 that could be used for attaining single standard of mental health care as well as any projected surpluses in FY 98-99 that could fund these services. Finally, the Commission was interested in hearing the possible options for maintaining single standard of care.

As indicated in the attached report, an analysis of data from April 1 through August 1 shows no evidence of a reduction in treatment authorizations over the four-month period. As has been the case in other counties, we expect the volume to increase over the year rather than decrease, even though publicity and outreach about the service availability have been limited.

With respect to cost, the $4.7 million deficit projected in July for full implementation of equal access was greater than the range from $2.2-$3.1 million in the attached report. The initial figure was based on treatment authorizations, while the more recent, lower figures factor in the number of authorizations that do not result in claims. As the report indicates, if only 65% of treatment authorizations result in claims, as has been the case in other counties (Solano and San Mateo), the cost projections would be reduced accordingly. However, if we experience more than 65% of authorizations result in claims, then our original higher projections will be more accurate.

In terms of fiscal projections, the Department expects to close fiscal year 1997-98 with a surplus of $15 million. Mental Health did not have a surplus in 1997-98, but rather had a deficit of $1.4 million which was balanced by other parts of the Department. A surplus of $15 million was already assumed by the Mayor's Budget Office in determining our general fund allocation for 1998-99.

The Department correctly projects no surplus in fiscal year 1998-99. There are several areas, Laguna Honda Hospital, in particular, where we expect revenues will be significantly less than anticipated. We also expect pharmacy costs to exceed our allocated funds due to chronic underfunding of pharmacy.

Since we last presented our update, we have also reviewed other options for increasing revenues and/or reducing costs to be sure we had not overlooked any potential solutions. Those options included the following:

- Reduce costs by shifting care from institutional to community settings. The most obvious option available to reduce costs within managed care plans is to create incentives to provide care in less expensive settings. However, under the pressure of previous budget constraints, Community Mental Health Services has been implementing a plan over the last several years that has shifted care away from institutions toward community-based programs. Moreover, when the State formally transferred responsibility for outpatient mental health services to the San Francisco Mental Health Plan in April, it did not provide sufficient funding for those services on the assumption that the funds would be supplemented by savings from the prior transfer of responsibility for inpatient services; in effect, any projected savings from the shift to local mental health managed care plans has already been spent in the way the State transferred the funds. Nevertheless, we still believe that improved coordination of the gateways to acute care might yield some additional savings, although they will probably not be substantial and will most likely not be realized in the current fiscal year.

- Increase revenues by expanding third-party coverage for mental health clients. There has been a significant shift in the payer mix of people using mental health services, with a reduction in the proportion of clients with Medi-Cal coverage and a corresponding increase in uninsured clients, which is the result of welfare reform and tighter eligibility restrictions for SSI (e.g., the elimination of eligibility based on a substance abuse diagnosis). However, there is good reason to assume that many uninsured people receiving anti-psychotic medications have disabling conditions sufficient to qualify for SSI. It is imperative, therefore, that the San Francisco Mental Heath Plan strengthen its relationship with the SSI Unit recently transferred from the Department of Human Services to the Department of Public Health in order to assist as many clients as possible to gain Medi-Cal eligibility. Efforts have already been initiated to improve that coordination.

- Increase revenues by increasing third-party and client billing. In FY 1996-97, Community Mental Health Services generated $6.8 million in charges attributable to services provided to clients with third-party coverage whose mental health benefits were insufficient to provide treatment consistent with their illness. In the absence of any contractual relationship with those third-party payers, however, attempts to bill for services are rejected as unauthorized treatment. Although we can attempt to enter into contractual relationships with private insurers, it is highly unlikely that they would be willing to pay for services outside their limited scope of benefits. In what is probably another indicator of the same phenomenon, there are

$1.9 million in outstanding charges to clients, with $1.5 million attributable to fewer than 300 clients who have at least a $1,000 per year liability under the Uniform Method for Determining Ability to Pay (UMDAP), which is the mental health sliding fee scale. Pending further investigation, we speculate that most of those clients have third-party coverage. We will pursue whether we can recoup a portion of these funds to help expand mental health benefits for the uninsured.

- Reduce costs by developing prevention and early intervention strategies. By providing self-help, suicide prevention and mental health education services in community settings, we believe we can either help prevent the onset of crises or encourage people to seek early intervention before crises become severe and costly. While those initiatives will require some initial investment, we think they will help avoid costs and prevent unnecessary suffering that will more than justify the investment.

- Implementation of the Mayor's Blue Ribbon Taskforce on Universal Health Care Coverage: The recommendations of the Blue Ribbon Taskforce call for a defined scope of benefits including outpatient mental health services. Thus, once we are able to implement this plan, we will be able to provide mental health services to all uninsured persons who participate in the purchasing alliance. As the Commission is aware, full implementation of the Blue Ribbon Committee's recommendations will not occur in this next fiscal year.

We concluded, after review of these options, that there is some potential for reducing costs and increasing revenues over time, but not enough within the current fiscal year to significantly reduce the projected deficit.

Accordingly, the department recommends to the Health Commission that the following actions be undertaken to provide services to the people in greatest need within the current budget:

- Reaffirm a commitment to a single standard of care as a matter of policy, with the understanding that it will be phased in consistent with the capacity of the budget to support it.

- Provide mental health services to any uninsured and underinsured people with serious mental illnesses, and offer enhanced benefits based on a broader definition of medical necessity to General Assistance recipients, homeless people and children up to 200% of poverty. For persons not in these categories offer referral to primary medical care (for initiation and maintenance of psychiatric medication if appropriate) and referral to low cost private and charitable mental health providers.

- Ensure that any uninsured or underinsured client for whom we have already authorized services, is provided these services regardless of whether they meet our highest need strategy.

- Develop a pilot project to provide mental health services in Department of Public Health primary care clinics as a way to offer outpatient mental health care in an integrated services model for people who might not otherwise be eligible for care through the San Francisco Mental Health Plan.

- Attempt to get State legislation passed that would establish parity between medical and mental health benefits in private insurance plans, in part to reduce the demand on our services from people with third-party coverage who are underinsured.

The department recognizes that the Health Commission might want to consider other options. Another option is to continue authorizing treatment consistent with a single standard of care until the funds are depleted to assess the actual utilization and cost experience based on more extensive experience. It appears that the $1 million currently in the budget to support a single standard of care would be sufficient to last until November or December. The Health Commission could then make a determination whether revenues generated within the San Francisco Mental Health Plan or elsewhere within the department are sufficient to support maintenance of a single standard of care for the balance of the year, or whether the political will to provide additional general fund support is expressed by the community, the Mayor and the Board of Supervisors. It should be noted that if the Department is in deficit at mid-year due to decreased revenue at Laguna Honda Hospital or elsewhere in the department, it will be very difficult to get appropriation authority to use existing revenue or new general fund revenue to fully implement expanded mental health benefits for the uninsured. The risk of maintaining our current benefit for all uninsured people is that, if no additional funds are available, mental health services for the uninsured would be restricted to those with serious mental illnesses for the balance of the fiscal year. Such persons will, nonetheless, be referred to primary medical care as well as low cost private and charitable mental health providers and could be wait-listed for services beginning in the new fiscal year.

Yet another strategy would be to cut other programs in order to fund expanded mental health benefits for the uninsured. Within the Departmentís current appropriation we can cut other mental health programs in order to fund expanded out-patient mental health benefits for the uninsured. The Department does not recommend this strategy because other mental health programs are currently targeted to uninsured persons with more severe mental health problems. While we could also consider cutting other programs outside of the mental health system, we would need policy approval from the Board of Supervisors and the Mayor to do this, because the Mayor and Board have already appropriated dollars to the Department in particular categories. If the programs we sought to cut had strong community constituencies, it could result in a divisive struggle over scarce resources by multiple worthy programs. It should also be noted that if we do pursue a budget supplemental and there is no available surplus in the Health Department, the Board and Mayor may direct the Department to make particular cuts so as to accommodate the supplemental request. For these reasons, the Department does not recommend this action.

In conclusion, the Department recommends phasing in an expanded scope of benefits for the uninsured as resources are available. Within existing resources we recommend prioritizing those persons with greatest need. Phasing in services and prioritizing those with greatest need are two long-term strategies we have used previously for other initiatives when resources have been scarce. It should also be noted that while the Department believes these services are important to provide, we acknowledge that we have made a policy commitment to indigent services and single standard of care unmatched by any other county in California, and beyond what we, ourselves, have provided for this population in recent years.

City and County of San Francisco
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Lee Ann Monfredini, President and
Members of the Health Commission

THROUGH: Mitchell H. Katz, M.D.
Director of Health

FROM: Anthony G. Wagner
Executive Administrator
Community Health Network

RE: Proposal for a Long-Term Care Integration Pilot Project (AB 1040)

DATE: September 9, 1998

This memorandum is designed to provide the Health Commission with an update on efforts to develop a proposal for San Francisco's Long-Term Care Integration Pilot Project.

Background

In the fall of 1995, Governor Wilson signed AB 1040, which directed the State Department of Health Services to select sites for the development of pilot projects that would implement coordinated service delivery models for long-term care.

Specifically, the State's goals are to develop pilot projects that: (1) integrate the financing and administration of long-term care services; (2) improve the availability and effectiveness of long-term care services; and (3) maximize independence for older and disabled adults who use these services. AB 1040 requires that participating counties consolidate long-term care funding and establish a single long-term care services agency.

In February 1996, the City and County informed the State Department of Health Services of its interest in developing a long-term care integration pilot project. San Francisco expressed its desire to implement a delivery system model that allows long-term care consumers to remain integral parts of their communities, prevents unnecessary use of acute care hospitals, and promotes greater efficiencies. In November 1996, the Board of Supervisors appointed the Department of Public Health as lead agency in this effort, and established the Long-Term Care Pilot Project Task Force (Task Force).

Overview of the First Phase of Planning

The formal process of planning for San Francisco's Long-Term Care Integration Pilot Project began in April 1997. Jennie Chin Hansen and I were selected as co-chairs of the Task Force. Throughout the first phase of planning, a public/private partnership was used to develop a draft long-term care integration plan. This partnership has been critical to demonstrate that both public and private providers can work together to create an integrated spectrum of services. The Task Force consists of representation from consumers, service providers, community advocates,

Attachment C
Page 1 of 2

public agencies, housing developers, business, and labor. Its charge has been to develop the components of a long-term care plan based on the requirements of the State's Long-Term Care Integration Pilot Program.

During the first phase of planning the Task Force utilized design teams to undertake focused research and develop recommendations concerning specific topics to be addressed in the comprehensive plan. Five design teams were created (Service Delivery, Scope of Services, Resource Allocation and Financing, Supportive Housing, and Consumer Issues). The proposal for a Pilot Project is based on the findings and recommendations of these five design teams.

The draft Long-Term Care Integration Plan

The draft long-term care integration plan included in your packet: (1) proposes a new service delivery model; (2) defines a continuum of home and community-based services and institutional services; (3) designates the target population for services; (4) outlines strategies for increasing supportive housing; and (5) specifies opportunities for increased consumer participation. As stated in this plan, the goal of the Pilot Project is to develop a service delivery system that improves access to long-term care and stresses the importance of home and community-based alternatives to institutionalization. A number of possibilities have been explored by the Task Force to establish the governance structure for the Pilot Project. However, no organizational entity has been designated in the plan to become the permanent long-term care services agency. Before a permanent designation is made, a transitional long-term care services agency will need to be established to provide the initial governance structure.

The Task Force has presented the draft long-term care integration plan to the Commission on the Aging and the Human Services Commission. Each Commission has approved resolutions of support (see attached). Following this presentation to the Health Commission, the Task Force will make an interim presentation of the plan to the Board of Supervisors.

Overview of the next Detailed Phase of Planning

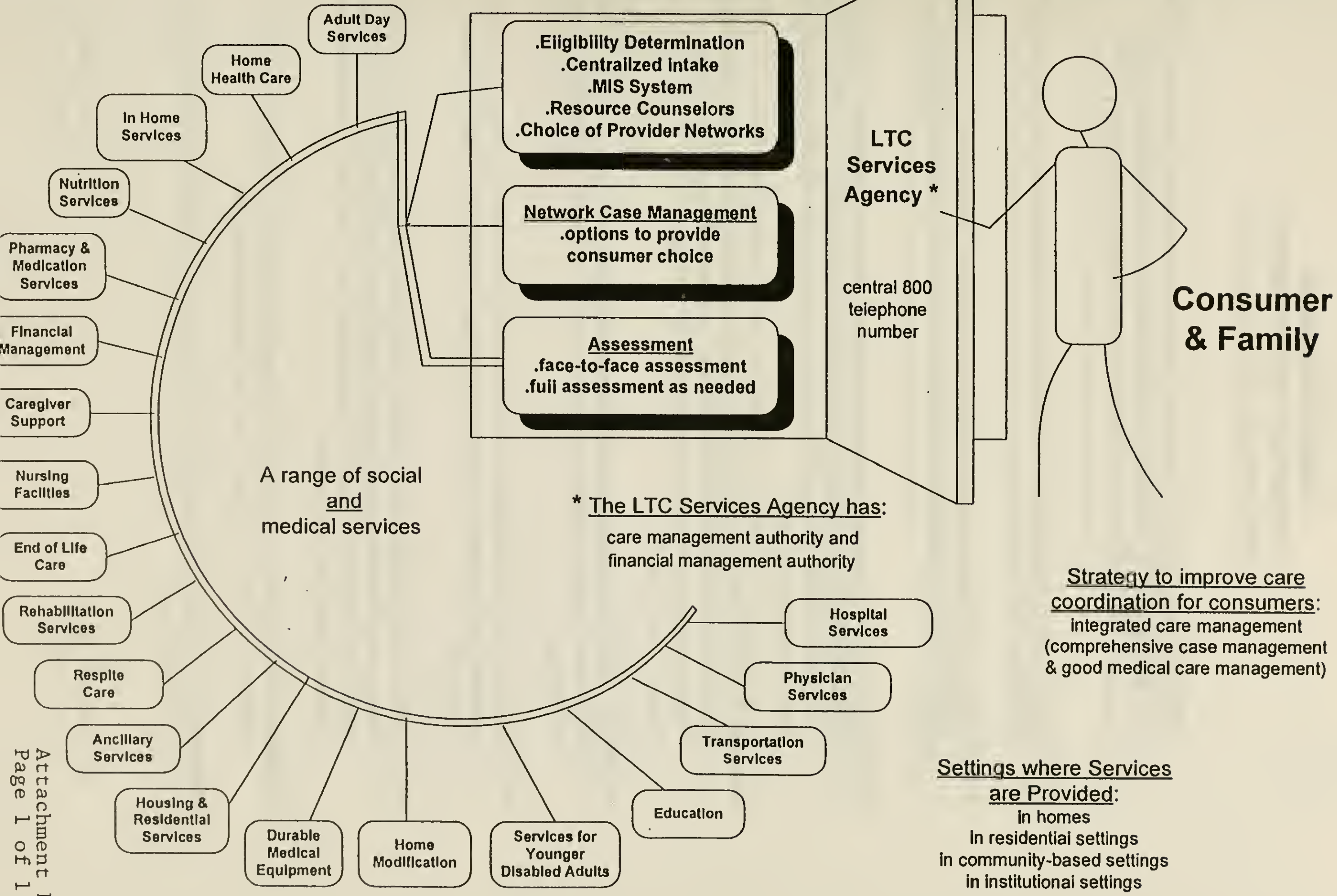
During the next detailed phase of planning, the Task Force will: (1) evaluate all alternatives for a transitional long-term care services agency; (2) develop administrative structures and functions required to implement the first phase of service delivery; and (3) gather and analyze Medi-Cal data to determine the cost of caring for the initial target population under capitated managed long-term care.

The Task Force will function until it completes the comprehensive plan for long-term care pursuant to the State's Long-Term Care Integration Pilot Program. It will continue to use design teams to research and develop recommendations concerning some new and some continuing topics. Design teams will be reconfigured to address these topics: governance structure, implementation, resource allocation and financing, supportive housing, and consumer and caregiver issues.

The Task Force will make a final presentation of the comprehensive plan to the Board of Supervisors once a recommendation is incorporated for a transitional long-term care services agency. If the comprehensive plan for a Long-Term Care Integration Pilot Project is approved by the Board of Supervisors, it will be submitted to the State Department of Health Services for review and implementation. When the final presentation of the comprehensive plan is made to the Board of Supervisors, the Task Force will automatically terminate.

Vision of Long-Term Care Services: A Consumer-Centered System of Care

Philosophy to impact cost and service delivery:
to provide the most appropriate care responsibly and flexibly.



Consumer & Family

LTC Services Agency *

central 800 telephone number

.Eligibility Determination
.Centralized intake
.MIS System
.Resource Counselors
.Choice of Provider Networks

Network Case Management
.options to provide consumer choice

Assessment
.face-to-face assessment
.full assessment as needed

A range of social and medical services

Adult Day Services
Home Health Care
In Home Services
Nutrition Services
Pharmacy & Medication Services
Financial Management
Caregiver Support
Nursing Facilities
End of Life Care
Rehabilitation Services
Respite Care
Ancillary Services
Housing & Residential Services
Durable Medical Equipment
Home Modification
Services for Younger Disabled Adults
Education
Transportation Services
Physician Services
Hospital Services

* The LTC Services Agency has:
care management authority and financial management authority

Strategy to improve care coordination for consumers:
integrated care management
(comprehensive case management
& good medical care management)

Settings where Services are Provided:
In homes
In residential settings
in community-based settings
in institutional settings

Attachment D
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 32-98

ENDORSING THE RECOMMENDATIONS TO IMPROVE LONG-TERM CARE SERVICE DELIVERY CONTAINED IN THE PROPOSAL FOR A LONG-TERM CARE INTEGRATION PILOT PROJECT

WHEREAS, the State adopted Assembly Bill 1040 which establishes the Long-Term Care Integration Pilot Program; and,

WHEREAS, AB 1040 authorizes the State Department of Health Services to select sites for pilot projects in order to implement coordinated service delivery models for long-term care; and,

WHEREAS, the State's goals are to develop pilot projects that: (1) integrate the financing and administration of long-term care services, (2) improve the availability and effectiveness of long-term care services, and (3) maximize independence for older and disabled adults who use these services; and,

WHEREAS, AB 1040 requires participating counties to consolidate funding for Medi-Cal long-term institutional care, the Medi-Cal Personal Care Services Program, the In-Home Supportive Services Program, and other Medi-Cal programs, in order to effectively pool financial resources; and,

WHEREAS, participating counties must establish a single long-term care services agency which will contract with the State for capitated payments for the provision of long-term care services; and,

WHEREAS, the Mayor and the Board of Supervisors submitted a letter of intent to the State, expressing San Francisco's interest in developing a long-term care integration pilot project; and,

WHEREAS, the Board of Supervisors created the Long-Term Care Pilot Project Task Force to develop a comprehensive plan, designated the Department of Public Health as the lead agency, and instructed the Task Force to present its plan to the Health Commission prior to Board of Supervisors review; and,

WHEREAS, the Task Force is comprised of 27 members representing providers, consumers, advocates, social service agencies, labor and public agencies; and,

WHEREAS, the Task Force has completed a draft Long-Term Care Integration Plan for review and comment; and,

WHEREAS, the draft Long-Term Care Integration Plan: (1) proposes a new service delivery system, (2) defines a continuum of long-term care services, (3) designates the target population for services, (4) outlines strategies for increasing supportive housing, and (5) specifies opportunities for increased consumer participation; and,

WHEREAS, the Task Force has yet to identify a transitional long-term care services agency in accordance with the requirements of AB 1040; and,

WHEREAS, the Task Force will make a final presentation to the Health Commission and the Board of Supervisors once a recommendation for a transitional long-term care services agency is incorporated into the plan; now, therefore, be it

RESOLVED, that the Health Commission fully endorses the recommendations to improve long-term care service delivery contained in the draft proposal for a Long-Term Care Integration Pilot Project.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 15, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
Commissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

9/98

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AGENDA

HEALTH COMMISSION MEETING

September 29, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 15, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN-Administration** – Request for approval of retroactive renewal contract with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP., (HBMVR) in the amount of $90,000 per year, to provide specialized health care legal services for the period of July 1, 1998 through June 30, 2000.) DPH contracted with HBMVR for services totaling $70,000 during FY 1997-98).

(3.2) **CHN-Primary Care Services** – Request for approval of retroactive four year sole source and contract renewal with North of Market Senior Services (NOMSS), in the amount of $188,378, for the provision of comprehensive health care for seniors, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NOMSS for services totaling $419,145 during FY 1997-98).

(3.3) **CHN-Primary Care Services-Homeless Programs** – Progress report on the Bayview Hunter's Point (BVHP) contract as requested by the Budget Committee of the Health Commission on June 16, 1998, and request for approval of retroactive renewal contract to provide mental health case management services for the homeless in the amount of $412,174 for the period of July 1, 1998 through June 30, 1999. (DPH contracted with BVHP for services totaling $6,833,093 during FY 1997-98).

(3.4) **CHN-Forensics** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $73,810 per year, to provide administrative oversight for the Forensics AIDS Project for the period of January 1, 1998 through December 31, 2001. (DPH contracted with HAFC for services totaling $9,260,563 during FY 1997-98).

(3.5) **PH&P-CHS-HIV Special Projects** – Request for approval to accept and expend new funding in the amount of $181,650 from the Regents of the University of California, San Francisco, Center for AIDS Prevention Studies, to support personnel and operating costs for the HIV Postexposure Prevention (PEP) Project, for the period of December 1, 1998 through November 30, 1999.

(3.6) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of sole source and new contract with Polaris Research and Development, Inc., for the development of a media campaign for the HIV Post Exposure Prophylactic program (PEP), in the amount of $33,100, and for technical and logistical support services for the HIV Prevention Planning Council (HPPC), in the amount of $8,000, for the period of October 1, 1998 through December 31, 1998. The sole source request is in the amount of $123,300 for the period of October 1, 1998 through December 31, 2000. (DPH contracted with Polaris for services totaling $782,955 during FY 1997-98).

(3.7) **PH&P-CHS-HIV Research** – Request for approval to accept and expend a new three year grant from Public Health Foundation Enterprises Inc., in the amount of $321,317, (for the first twelve-month budget period) to conduct a preventive HIV vaccine phase-three efficacy trial in adults at risk of HIV infection for the period of November 1, 1998 through October 31, 2002.

(3.8) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation HIV Prevention Project (SFAF), in the amount of $574,956, for the provision of HIV prevention services, including syringe exchange services, to injection drug users for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

(3.9) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive sole source and new contract with Mobilization Against AIDS International (MAA), acting as fiscal agent for Proyecto Contra SIDA Por Vida, in the amount of $71,888, for the provision of one-on-one peer-education risk-reduction counseling and bimonthly single-session prevention workshop services, for the period of July 1, 1998 through June 30, 1999. The sole source request if for $71,888 per year, for the period of July 1, 1998 through June 30, 2002.

(3.10) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of sole source and new contract with Instituto Familiar de la Raza, Inc. (IFR), in the amount of $90,000, for the provision of HIV prevention services for the period of October 1, 1998 through June 30, 1999. The sole source request is for $90,000 per year for the period of October 1, 1998 through June 30, 2002. Of the $90,000 amount, $40,000 will be subcontracted to El Ambiente Program of Aguilas, Inc. (DPH contracted with IFR for services totaling $2,857,218 during FY 1997-98).

(3.11) **PH&P-CHP&P-HIV Prevention Services** – Request for retroactive renewal contract with Stop AIDS Project (SAP), in the amount of $150,000, for the provision of condom distribution services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SAP for services totaling $961,341 during FY 1997-98).

(3.12) **PH&P-CHS –HIV Health Services** – Request for approval of retroactive renewal contract with Shanti Project in the amount of $137,880, for the provision of van transportation services

targeting persons with disabling HIV/AIDS disease for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Shanti for services totaling $678,144 during FY 1997-98).

(3.13) **PH&P-CHS-MH&SAS** – Request for approval of retroactive renewal contract with St. Luke's Hospital for adult Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000.

(3.14) **PH&P-CHS-MH&SAS** – Request for approval of retroactive modification to the multi-year renewal contract with Instituto Familiar de la Raza, Inc. (IFR) increasing the contract in the amount of $973,542 for the period of July 1, 1998 through June 30, 1999 and $380,251 per year for the period July 1, 1999 through June 30, 2001 to augment fiscal intermediary and community outreach services . The total contract amount including this modification is $3,010,297 for the fiscal year 1998-99. (DPH contracted with IFR for services totaling $2,857,218 during FY 1997-98).

(3.15) **PH&P-CHS-MH&SAS** – Request for approval of proposed treatment project site in San Francisco at 111 Taylor Street, for use by Haight Ashbury Free Clinics, Inc. (HAFC), to provide New Oshun Program start-up, outpatient, day treatment and prevention services for women and their families in the Tenderloin in the amount of $618,218 for the period of October 1, 1998 through June 30, 1999, and retroactive second modification to the contract with HAFC for the continuation of Community Health Outreach Worker services in the Tenderloin in the amount of $31,782, for the period of January 1, 1998 through June 30, 1998, for a total of $650,000. (DPH contracted with HAFC for services totaling $9,260,563 during FY 1997-98).

(3.16) **PH&P-CHS-MH&SAS** – Request for approval of new site at 1638-40 Kirkwood and retroactive contract renewal with Jelani House, Inc., in the amount of $1,960,711 per year to provide residential outpatient substance abuse services to women and their children for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Jelani for services totaling $1,187,959 during FY 1997-98).

(3.17) **PH&P-CHS-MH&SAS** – Request for approval of retroactive second modification to the contract with San Francisco State University (SFSU), in the amount of $79,716, to provide training for clinicians and mental health providers for the period of July 1, 1998 through June 30, 1999. The total contract amount including this modification is $257,110. (DPH contracted with SFSU for services totaling $177,394 during FY 1997-98).

(3.18) **PH&P-CHS-MH&SAS-Family Mosaic Project** – Request for retroactive annual renewal of contracts for the Family Mosaic Project, which provides mental health and wrap-around services, including therapy, tutoring, mentoring, respite care and case management for the period of July 1, 1998 through June 30, 1999 through the following twelve (12) agencies and three (3) individuals:

Contractor	*Service Description*	*Amount*
Alternative Family Services	In and Out of Home Respite	$30,000
Asian Family Health Plan	Psychotherapy	5,000
Big Brothers/Big Sisters of San Francisco	Mentoring and Social Services	15,060
Catholic Youth Organizations-St. Vincent's School for Boys	Sub-Acute Residential Treatment	91,500
Sam Edwards, L.C.S.W.	Psychotherapy	75,000

Family Service Agency	Fiscal Intermediary for Mental Health Services	98,069
Family Support Services of the Bay Area	In and Out of Home Respite	46,000
Jamestown Mentoring Services	Mentoring	75,000
Lincoln Child Center	Sub-Acute Residential Treatment	164,250
Gene Mabrey, Ph.D.	Psychotherapy	30,000
New College of California	Mental Health Consultation	8,000
RISE Institute	Mentoring	80,000
San Francisco Educational Services	Tutoring	120,000
Michael Scott, L.C.S.W.	Psychotherapy	60,000
Victor Treatment Centers	Sub-Acute Residential Treatment	268,300

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF AMENDMENTS TO SFGH MEDICAL STAFF BYLAWS, THE CORRECTIVE ACTION AND HEARING MANUAL, AND THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS**

6) **CONSIDERATION OF A RESOLUTION ESTABLISHING A YEAR 2000 COMPLIANCE POLICY, AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT ITS YEAR 2000 READINESS PLAN**

7) **PRESENTATION OF A NEW FORMAT FOR DATA FROM THE POPULATION HEALTH AND PREVENTION DIVISION; AND PRESENTATION OF THE DATA ON AIDS/HIV AND SEXUALLY TRANSMITTED DISEASES**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **CLOSED EXECUTIVE SESSION:**

   A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

   B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

   C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION.

GENERAL ELECTRIC MEDICAL SYSTEMS/PDC FACILITIES, INC.'S CLAIM #98-0464-65, IN THE AMOUNT OF $362,186

D. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

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Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

9/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 29, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Commissioner Edward A. Chow, M.D., at 3:15 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. (arrived at 4:00 p.m.)
Absent:	Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 15, 1998

Action Taken: The Commission unanimously adopted the minutes of September 15, 1998.

Commissioner Chow presented the September Department of Public Health Employee Recognition Award to Clifton Hicks, MSW, a child therapist with the Southeast Child Family therapy Center.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

Commissioner Hill chaired the Budget Committee meeting in the absence of Commissioner Sanchez.

(3.1) **CHN-Administration** – Request for approval of retroactive renewal contract with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP., (HBMVR) in the amount of $90,000 per year, to provide specialized health care legal services for the period of July 1, 1998 through June 30, 2000. (DPH contracted with HBMVR for services totaling $70,000 during FY 1997-98).

Commissioner Barnes would like to see a more aggressive effort by the contractor to comply with Policy #24. She requested a progress report on compliance come back to the Commission in six months (April 1999).

(3.2) **CHN-Primary Care Services** – Request for approval of retroactive four year sole source and contract renewal with North of Market Senior Services (NOMSS), in the amount of $188,378, for the provision of comprehensive health care for seniors, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NOMSS for services totaling $419,145 during FY 1997-98).

Commissioners commended the contractor on its good work in the Tenderloin and also requested a written update on compliance to Policy #24 to the Commission in February 1999.

(3.3) **CHN-Primary Care Services-Homeless Programs** – Progress report on the Bayview Hunter's Point (BVHP) contract as requested by the Budget Committee of the Health Commission on June 16, 1998, and request for approval of retroactive renewal contract to provide mental health case managemer services for the homeless in the amount of $412,174 for the period of July 1, 1998 through June 30, 199 (DPH contracted with BVHP for services totaling $6,833,093 during FY 1997-98).

Because of outstanding performance issues for this contract, Commissioner Barnes requested this contract be continued to the November 3, 1998 agenda after the contractor's reports are submitted to the Department.

(3.4) **CHN-Forensics** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $73,810 per year, to provide administrative oversight for the Forensics AIDS Project for the period of January 1, 1998 through December 31, 2001. (DPH contracted with HAFC for services totaling $9,260,563 during FY 1997-98).

The Chairperson of the Board of Directors, Willard Harris, was present and requested support for the agency's contracts on today's agenda.

(3.5) **PH&P-CHS-HIV Special Projects** – Request for approval to accept and expend new funding in the amount of $155,334 from the Regents of the University of California, San Francisco, Center for AIDS Prevention Studies, to support personnel and operating costs for the HIV Postexposure Prevention (PEP) Project, for the period of December 1, 1998 through November 30, 1999.

(3.6) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of sole source and new contract with Polaris Research and Development, Inc., for the development of a media campaign for the HIV Post Exposure Prophylactic program (PEP), in the amount of $33,100, and for technical and logistical support services for the HIV Prevention Planning Council (HPPC), in the amount of $8,000, for the period of October 1, 1998 through December 31, 1998. The sole source request is in the amount of $123,300 for the period of October 1, 1998 through December 31, 2000. (DPH contracted with Polaris for services totaling $782,955 during FY 1997-98).

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injection drug users for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

Commissioner Hill commented on the retroactivity of many of today's contracts and requested the Department to continue improvement of this issue.

(3.9) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive sole source and new contract with Mobilization Against AIDS International (MAA), acting as fiscal agent for Proyecto Contra SIDA Por Vida, in the amount of $71,888, for the provision of one-on-one peer-education risk-reduction counseling and bimonthly single-session prevention workshop services, for the period of July 1, 1998 through June 30, 1999. The sole source request if for $71,888 per year, for the period of July 1, 1998 through June 30, 2002.

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(3.12) **PH&P-CHS –HIV Health Services** – Request for approval of retroactive renewal contract with Shanti Project in the amount of $137,880, for the provision of van transportation services targeting persons with disabling HIV/AIDS disease for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Shanti for services totaling $678,144 during FY 1997-98).

(3.13) **PH&P-CHS-MH&SAS** – Request for approval of retroactive renewal contract with St. Luke's Hospital for adult Medi-Cal funded psychiatric inpatient hospital services for the period of July 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000.

> Commissioner Barnes commended the contractor of its progress on its Board diversity.
>
> Commissioner Hill requested a copy of the survey used to collect sexual orientation demographics by the contractor.
>
> Commissioners requested this contract be approved on an interim basis through November and that this item be recalendared for the November 3, 1998 Budget Committee meeting; and a progress report on the sexual orientation demographics of the contractor be presented to the Budget Committee.
>
> Commissioner Barnes requested the Department to provide technical assistance to contractors on compliance to the collection of sexual orientation demographics.

(3.14) **PH&P-CHS-MH&SAS** – Request for approval of modification to the multiyear renewal contract with Instituto Familiar de la Raza, Inc. (IFR) increasing the contract in the amount of $973,542 for the period of July 1, 1998 through June 30, 1999 and $380,251 per year for the period July 1, 1999 through June 30, 2001 to augment fiscal intermediary and community outreach services . The total contract amount including this modification is $3,010,297 for the fiscal year 1998-99. (DPH contracted with IFR for services totaling $2,857,218 during FY 1997-98).

(3.15) **PH&P-CHS-MH&SAS** – Request for approval of proposed treatment project site in San Francisco at 111 Taylor Street, for use by Haight Ashbury Free Clinics, Inc. (HAFC), to provide New Oshun Program start-up, outpatient, day treatment and prevention services for women and their families in the Tenderloin in the amount of $618,218 for the period of October 1, 1998 through June 30, 1999, and retroactive second modification to the contract with HAFC for the continuation of Community Health Outreach Worker services in the Tenderloin in the amount of $31,782, for the period of January 1, 1998 through June 30, 1998, for a total of $650,000. (DPH contracted with HAFC for services totaling $9,260,563 during FY 1997-98).

> Commissioner Barnes encouraged the Department to provide the appropriate written materials in the Commission packets as opposed to the day of the meeting.

(3.16) **PH&P-CHS-MH&SAS** – Request for approval of new site at 1638-40 Kirkwood and retroactive contract renewal with Jelani House, Inc., in the amount of $1,540,711 per year to provide residential outpatient substance abuse services to women and their children for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Jelani for services totaling $1,187,959 during FY 1997-98).

(3.17) **PH&P-CHS-MH&SAS** – Request for approval of retroactive second modification to the contract with San Francisco State University (SFSU), in the amount of $79,716, to provide training for clinicians and mental health providers for the period of July 1, 1998 through June 30, 1999. The total contract amount including this modification is $257,110. (DPH contracted with SFSU for services totaling $177,394 during FY 1997-98).

(3.18) **PH&P-CHS-MH&SAS-Family Mosaic Project** – Request for retroactive annual renewal of contracts for the Family Mosaic Project, in the total amount of $1,166,179, which provides mental health and wrap-around services, including therapy, tutoring, mentoring, respite care and case management for the period of July 1, 1998 through June 30, 1999 through the following twelve (12) agencies and three (3) individuals:

Contractor	Service Description	*Amount*
Alternative Family Services	In and Out of Home Respite	$ 30,000
Asian Family Health Plan	Psychotherapy	5,000
Big Brothers/Big Sisters of San Francisco	Mentoring and Social Services	15,060
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Sam Edwards, L.C.S.W.	Psychotherapy	75,000
Family Service Agency	Fiscal Intermediary for Mental Health Services	98,069
Family Support Services of the Bay Area	In and Out of Home Respite	46,000
Jamestown Mentoring Services	Mentoring	75,000
Lincoln Child Center	Sub-Acute Residential Treatment	164,250
Gene Mabrey, Ph.D.	Psychotherapy	30,000

New College of California	Mental Health Consultation	8,000
RISE Institute	Mentoring	80,000
San Francisco Educational Services	Tutoring	120,000
Michael Scott, L.C.S.W.	Psychotherapy	60,000
Victor Treatment Centers	Sub-Acute Residential Treatment	268,300
	Total of:	**$1,166,179**

The Department will work with the two agencies, Catholic Youth Organization – St. Vincent's School for Boys, and Victor Treatment Center, on the sexual orientation demographics as part of Policy #24.

Commissioner Hill reported that a CYO representative has indicated to him that the agency has no intention to comply with Policy #24. Commissioner Hill strongly urged the Department to look at alternatives to this contractor.

The Budget Committee recommended approval of the Family Mosaic Project contracts, except for CYO and Victor Treatment Center. These two contracts will be continued to the October 20, 1998 Budget Committee meeting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific stipulations. Commissioner Guy abstained on #3.17.

Commissioner Chow requested the Department to calendar at the October 20 1998 Budget Committee meeting a status update and discussion of FY 1998-99 retroactive contracts.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Appointment

I am pleased to announce the appointment of Jimmy Loyce as the Director of the Office of Integrated Care Services. In this new position, Jimmy will serve as the administrative bridge between the Community Health Network and Population Health and Prevention, with oversight and management responsibility for the integration of these two divisions. Jimmy returns to the Department after four and half years as Chief Executive Officer of AIDS Project, Los Angeles. Prior to his move to Los Angeles in 1994, Jimmy had a distinguished 12-year career in our Department of Health where he held a number of leadership positions including Associate Director of the AIDS Office. I am sure the Commission joins me in welcoming Jimmy as we look to him for ongoing assessment, planning and implementation of an integrated care system for the Department.

Appointment of CFO for Population Health and Prevention

I am also pleased to announce the appointment of Larry Doyle to the position of Chief Financial Officer of Population Health and Prevention. After an extensive recruitment, the best candidate was found within our own DPH financial team, a 22-year veteran with the Department. Larry served as Supervising Fiscal Officer for the Mental Health, Substance Abuse and Forensics programs for the last 11 years. Larry has hands-on knowledge and experience in all aspects of general accounting, budgeting and finance within the City, and has developed strong professional relationships with key officials on the local and State levels.

As CFO of Population Health and Prevention, Larry will work closely with Bob Prentice and his management team in meeting the Division's goals. These include maximizing funds for integrated services, managing risk within the Mental Health Plan, and continuing to fund the expansion of substance treatment and housing services. Larry will report directly to Monique Zmuda, the Department's CFO. I know you join me in welcoming Larry to his new role.

POPULATION HEALTH &PREVENTION

San Francisco Reggie Project Wins Federal Grant

September 28 Vice President Al Gore announced the award of a $600,000 grant by the United States Department of Commerce, National Telecommunications and Information Administration to the SF AIDS Office. This grant will fund full implementation of the City's Reggie Project by the year 2000. The Reggie Project is a computerized client registration and information/referral system designed to network Ryan White CARE-funded HIV service providers in the San Francisco Eligible Metropolitan Area (EMA). The system is named after Reggie Williams, a leader in the fight against AIDS in the Bay Area.

The need for a centralized registration process with decentralized access was an outgrowth of in-depth interviews with clients about their experiences of utilizing the HIV services in San Francisco. Although clients indicated they liked the diversity of the providers and services, they found the lack of coordination in the system of care to be extremely frustrating. Clients were especially critical of the burdensome intake process and the difficulty involved in obtaining clear and up-to-date information about services. When implemented, Reggie will enable clients to register once and be registered at each of the 68 non-profit and government organizations that provide health and social services to low income persons living with HIV/AIDS in San Francisco, Marin and San Mateo Counties. Because all CARE-funded agencies are included in Reggie, San Francisco will not only have enabled easier access of services to a client base of 15,000 people, but will serve as a model for equitable access to AIDS services providers throughout the country.

Resignation of R. Jan Gurley, M.D., Director Community Health, Research And Immunizations

I am very sad to report that R. Jan Gurley, M.D., has resigned her position as Director of Community Health, Research and Immunizations. Jan has resigned her position because her mother, who lives out of state, is quite ill and will require Jan to spend much time in Georgia, helping to care for her. Jan has agreed to work approximately 10 hours a week when she is in San Francisco in order to continue her work on the Reggie Project.

Jan has had a very distinguished career in the Department of Public Health. She began as Director of the Health Services Branch of the AIDS Office. She then became Director of Community Health Research and most recently incorporated immunizations into her division. The Department has greatly benefited from her talents in many ways. The Telecommunications Grant that I just reported on certainly would never have happened were it not for Jan's tremendous creativity and initiative. Similarly, as reported several weeks ago to the Commission, the Department received a large immunization grant because of the excellent work that her section was performing.

We will miss having Jan here full time but are very glad that she will be able to maintain a role in the continuing implementation of Reggie. We wish her Mom the very best.

Interfaith Conference on Domestic Violence

The Health Promotion Section was one of the principal sponsors of "Power to Change: An Interfaith Conference on Domestic Violence" September 3. The conference, attended by nearly 300 people, was designed to support the continuing efforts of clergy and faith communities to prevent and address domestic violence. It also helped to establish better working relationships between health and domestic violence advocates and the faith communities. Representatives of over 20 different religions and denominations, educators and other responders to domestic violence came from all over the Bay Area.

For additional information about the Power to Change, and follow-up events, please call Nora Goodfriend-Koven, MPH, at 554-2740.

CBS Broadcast on CHIPPS Program

"CBS This Morning" has a feature called "Eye on People" which aired a program about the San Francisco Health Department's Community and Home Injury Prevention Program for Seniors (CHIPPS) eight years ago. CHIPPS was recently selected for a follow-up "Where are they now?" feature. CBS re-broadcasts the original tape, adding new information using voice-over. The segment, titled "Elder Proofing," was aired once on September 4, and is expected to be broadcast again on November 17 at 6 p.m., and November 18 at 11 am EST. CBS will be providing the Department with a copy of the tape.

Urban Health Certified Addiction Treatment Specialist Certificate

A Certified Addiction Treatment Specialist Program has been developed as one of the system enhancements of the Treatment on Demand Initiative. This certification program is a collaborative effort between CSAS, and the Community Health Training and Development Center (a joint project of SF City College and SF State University). Thirty-seven students from 13 CSAS agencies have been awarded full scholarships to participate in this certification program. This addiction specialist program will increase the knowledge and skills of front line substance abuse counselors and will enhance the quality of services in our substance abuse system.

COMMUNITY HEALTH NETWORK

CHN Begins Strategic Planning

The CHN Strategic Planning Process begins in October. Staff has been collecting and analyzing data from other public and private providers to frame critical strategic questions. Building on DPH's 1996 strategic restructuring, the newly appointed Committee will make recommendations to the CHN Executive Administrator and Leadership Group on long-range strategic direction. This process will become the basis for the CHN's FY '99-2000 operational direction and budget priorities. Dr. Chow will be a member of this Committee, and the ongoing process will be reported regularly at the CHN Joint Conference Committee.

As part of the Strategic Planning process and as a first step in driving successful organizational change, the CHN will conduct a "Cultural Pulse Check." This exercise is designed to produce a candid dialogue between leaders and staff to learn what is really going on within the Division and what staff cares about in building a successful organization. The interviews will be conducted by CHN leaders in pairs, who will meet with over 50 groups of CHN staff and UCSF employees at every site and level of the CHN. By taking the organization's pulse, the Community Health Network hopes to uncover the values, beliefs and assumptions that influence every decision every day throughout the Network. The Pulse Check is a crucial first step in driving successful organizational change toward superior performance and aligning the aspirations of each staff member with the needs and expectations of our customers and our community.

Reception for the San Francisco Community Clinic Consortium

On September 16, 1998, CHN Chief Executive Officer Anthony Wagner hosted a "Looking to the Future" reception for the San Francisco Community Clinic Consortium and its member clinics. Attendees included the Executive Director of the Consortium and Executive Directors from several member clinics. Others who attended the reception included SFCCC Medical Directors and Board Members, and the CHN's senior staff. The reception provided an opportunity for the leadership of both organizations to meet each other and begin to lay the groundwork for a closer working relationship in the future.

Laguna Honda Medical Staff Applications

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

> Anthony Filly, M.D., who will provide as needed day and night and weekend coverage;
> Roger Fontes, M.D., who will provide consultant orthopedic services;
> John Imboden, M.D., and Nancy Lane, M.D., who will both provide rheumatology services.

SFGHMC Mammography Service

The mammography service at San Francisco General Hospital Medical Center (SFGHMC) has been temporarily suspended for the next few weeks, effective October 1.

It is expected that only a limited number of patients will be affected. Patient appointments set for October were rescheduled to take place during the past few weeks.

During the suspension period, arrangements have been made for patients who need immediate exams to be taken care of through the mammography program at UCSF/Mount Zion Hospital Medical Center.

The suspension is due to a delay in submitting a renewal application for reaccreditation. The SFGHMC service was first accredited in 1995, and certification covered a three-year period. This is the first renewal.

Accreditation is overseen by the Food and Drug Administration in cooperation with the State of California Radiologic Health Branch and the California Mammography Accreditation Program.

5) CONSIDERATION OF AMENDMENTS TO SFGH MEDICAL STAFF BYLAWS, THE CORRECTIVE ACTION AND HEARING MANUAL, AND THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS

Dr. Sylvia Villareal, Chief of Staff, presented proposed revisions to the SFGH Medical Staff Bylaws and the Corrective Action and Hearing Manual. The revisions to both were recommended for approval by the Medical Executive Committee on August 17, 1998 and the Joint Conference Committee-SFGH on September 8, 1998. The Active Staff voted affirmatively with regard to the proposed revisions to the Bylaws.

The Clinical Service Rules and Regulations and Privilege Sheets were recommended for approval, as required in the Bylaws Article XI, by the Quality and Utilization Management Committee on July 22, 1998. The accompanying Privilege Sheets were also approved by the Credential Committee on July 13, 1998. The areas include Anesthesia and Perioperative Care, Medicine, and Surgery.

> Action Taken: The Commission unanimously approved the amendment to the San Francisco General Hospital Medical Staff Bylaws, the Corrective Action and Hearing Manual, and the Clinical Service Rules and Regulations and Privilege Sheets.

6) CONSIDERATION OF A RESOLUTION ESTABLISHING A YEAR 2000 COMPLIANCE POLICY, AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT ITS YEAR 2000 READINESS PLAN

Monique Zmuda, CFO, reported the following:

The Department's intent is to bring all of its information, equipment, telecommunication, medical, security, and back-up and other systems into year 2000 compliance. To that end, the Department has developed a Steering Committee and has developed a plan to assure and monitor year 2000 compliance. In addition, the Department staff is working closely with the County Controller, Department of Telecommunication and Information Systems, and the Citywide Committee on Information Technology to assure year 2000 compliance. Starting December 1998, the Department will develop quarterly written reports on year 2000 compliance in order to document and systematically monitor implementation of the year 2000 compliance plan.

The major components of the plan and the Department's status in each of the components is summarized below:

1. ***Creating Awareness:*** The importance and relevance of year 200 compliance has been communicated and will continue to be addressed within all levels of the organization, including but not limited to the Health Commission, the executive team, facilities management, information technology, biomedical engineering, Emergency Medical Services, disaster preparedness, radiology, laboratory, and finance. This step will continue through the year 2000.

2. ***Inventory and Assessment:*** The Department has completed an inventory and assessment of all of its information systems, communication systems, and major medical systems, security systems, and central plan systems, among others. All major information systems, communication systems, fire alarms, security systems, energy management systems are currently in compliance. We estimate that inventory and assessment of all other systems will be completed by December 1998.

3. ***Remedy of the Problems Identified:*** We have identified some systems that require replacement or modification in order to bring them into complication. In some instances, the Department is responsible for compliance; in other instances, he vendors of software applications are contractually required to bring their systems into compliance. For example, we are in the process of replacing approximately 700 outdated personal computers that are not in compliance. Vendors are modifying their pharmacy and laboratory systems to bring them into compliance. The Department is upgrading hardware for the pathology system in the current year to bring this system into compliance. We will be replacing the radiology system with a new software product in 1999 that will be in compliance. This component of the plan will occur throughout the compliance period up to year 2000.

4. ***Validation of Compliant Systems:*** New and existing systems that are reported to be in compliance must be tested and validated in order to satisfy the components of our plan. Validation has already occurred in our major patient information systems (including all SMS products), and for infrastructure and hardware from DEC, CISCO, HP, and Compaq. As systems are upgraded and modified, we will continue to perform the validation testing before the year 2000 "go live" date. We estimate that this component of the plan will be completed by June 1999.

5. ***Implementation:*** This step includes training of staff, identifying needed resources to monitor and evaluate compliance and the conversion of year 1999 to year 2000. It also includes development of contingency plans, back-up plans, testing of back-up systems. We estimate that this component will be completed by September 1999.

6. ***Review of Documentation:*** The documentation phase includes review and clarification of all legal documents including contracts, maintenance agreements, purchase order specifications, and licenses to determine the financial and legal responsibilities for compliance to year 2000 and compliance failure. The Department has completed its review of all MIS contracts, maintenance agreements and licenses, and has identified the vendor as legally responsible for compliance and failure. The Department will complete its full documentation review by March 1999.

7. ***Financial Analysis:*** The Department will develop an estimate of the cost (both new and in kind) for the year 2000 compliance plan. At this time we estimate that the majority of these costs have already been budgeted. Our estimate will be revised quarterly to reflect actual and projected costs for the next two years.

   The membership of DPH's Year 2000 Compliance Team consists of:

   - Management Information Systems
   - Office of the chief Financial Officer
   - S.F. Department of Telecommunication and Information Systems
   - Biomedical Engineering
   - Facilities Management
   - Materials Management
   - Office of Contract Compliance
   - Laguna Honda Hospital Chief Operating Officer
   - CHN Specialty and Diagnostic Services
   - Emergency Medical Services
   - Emergency Preparedness
   - City Attorney

Commissioners' Comments:

- Anticipated costs and anticipated obstacles related to capacity should be included in update reports
- Quarterly written reports should come to the full Commission
- U.C. should be integrated into the Compliance Plan
- Community-based organizations contracting with the Department should be included
- U. C. representatives should serve on the Compliance Team

Action Taken: The Commission unanimously adopted Resolution #33-98, "Establishing a Year 2000 Compliance Policy, and Directing the Department of Public Health to Implement its Year 2000 Readiness Plan," (Attachment A).

7) PRESENTATION OF A NEW FORMAT FOR DATA FROM THE POPULATION HEALTH AND PREVENTION DIVISION; AND PRESENTATION OF THE DATA ON AIDS/HIV AND SEXUALLY TRANSMITTED DISEASES

Dr. Bob Prentice, Director of Population Health and Prevention, presented a proposed new format for data reports with time trends and demographic breakdowns. The reports will highlight current key issues in each health area. The Department is proposing these reports be provided as monthly appendices to the Director's Report. Each topic will be covered in one monthly report each year so that when taken together over the course of the year, they will provide a comprehensive, latest picture of most of the significant health issues in San Francisco.

Randy Reiter, Epidemiology/Disease Control and AIDS, and Dr. Jeffrey Klausner, STD Prevention and Control, presented key issues and data on AIDS/HIV and STD's, (Attachment B).

Commissioners' Comments:

- Commissioner Guy would like feedback from Commissioners on the format and the substantive information in the report on HIV/AIDS and STD's. These reports would broaden the Commission's knowledge base to identify specific policy direction.
- Commissioner Barnes expressed her appreciation to the Department and Commissioner Guy for working on these important data issues.
- Commissioner Sanchez commented the data would be helpful for policy formation. He would give the Director of Health discretion on what to include in the Director's Report.
- Commissioner Parker stated these reports would be more beneficial as separate presentations to the full Commission.
- Commissioner Chow would also like to look at the longitudinal aspects of these reports. He encouraged the Department to interpret the graphs to the Commission.
- On the issue of data on STD's, Commissioner Guy pointed out that women need to be included in the data.
- Commissioner Hill commented that the data is alarming. He noted that the public and the gay youth need to be informed of this data.
- Commissioner Sanchez encouraged the Department to work with the San Francisco Unified School District on health issues for young people.
- Commissioner Parker stated he did not think the issues presented on STD's are being addressed.
- Commissioner Barnes commented that the summary statements, as well as the key indicators and notable trends, are helpful for future policy issues.
- Commissioner Chow requested the Department bring back any potential resolutions in the future.

Dr. Katz commented the Department can do a combination of the two ways, in the Director's Report or through a presentation to the Commission.

Commissioner Barnes left at 5:30 p.m.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) __CLOSED EXECUTIVE SESSION:__

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

None.

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission voted to hold a closed session.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION.

GENERAL ELECTRIC MEDICAL SYSTEMS/PDC FACILITIES, INC.'S CLAIM #98-0464-65, IN THE AMOUNT OF $362,186

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   Action Taken: The Commission (Sanchez, Chow, Guy, Hill and Parker) voted to approve the claim settlement in the amount of $362,186.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

   Action Taken: The Commission voted to not disclose any discussions held in Closed Session.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 33-98

ESTABLISHING A YEAR 2000 COMPLIANCE POLICY, AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT ITS YEAR 2000 READINESS PLAN

WHEREAS, the Health Commission, as the governing board of the Department of Health has the responsibility in directing the operation and business affairs of the Department of Health, and that this responsibility includes responding appropriately to the year 2000 problem; and,

WHEREAS, the Department of Health has developed a Year 2000 Compliance Plan in order to identify and complete action steps required to bring the Department systems into year 2000 compliance, and,

WHEREAS, the Department has appointed a Year 2000 Compliance Committee to oversee the implementation of the plan; and,

WHEREAS, the plan includes creating awareness of the issue throughout the health and public health systems; performing an inventory and assessment of all systems, including its information systems, medical and durable equipment, security systems, telephone systems, emergency detection systems, among other systems, to determine the level of compliance to year 2000; remedying any and all problems identified within required timeframes; validating new and renovated systems to assure year 2000 compliance, implementation system performance for year 2000, and the review of contractual documents to determine financial responsibilities for year 2000 compliance and failures; and,

WHEREAS, the Health Department has begun to implement the plan, and to date has created awareness, completed its inventory and assessments, begun replacement and modification of selected systems which are non-compliant, and has begun its review of documents to identify financial risk of compliance and failure of systems; and,

WHEREAS, the City and County Controller, Board of Supervisors, and Citywide Committee on Information Technology are also evaluating and monitoring year 2000 compliance on a regular basis, and have asked the Department of Health to identify steps taken to assure year 2000 compliance; and,

WHEREAS, the Health Department will continue to report the status of it Compliance Plan to the Health Commission and to City officials until year 2000; now, therefore, be it

RESOLVED, that the Health Commission establishes a policy requiring that the Health Department's systems be year 2000 compliant, and directs the Department of Health to implement its Compliance Plan; and, be it

FURTHER RESOLVED, that the Commission requests periodic reports on Department's status of implementing its Year 2000 Compliance Plan, and on the financial and programmatic impact of the plan until the year 2000.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 29, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

AIDS/HIV

The Department of Public Health has a reliable count of newly diagnosed AIDS cases because it is a reportable disease. HIV infections are not reportable, so data on new HIV infections is much less certain. For data on new HIV infections we rely on periodic surveys and monitoring of programs that target certain groups and include HIV screening tests. Thus, while our data on new HIV infections are more uncertain, we believe they reflect the general magnitude and direction of trends of infection in the wider population.

In 1990-95, AIDS was by far the leading cause of preventable deaths in SF, as measured by expected years of life lost. During that period, AIDS caused more years of life lost among men than resulted from all causes of death combined among women. While the toll of AIDS mortality was very high in one particular area, the Castro, AIDS was still the number one or two cause of premature deaths among men in every zip code in the City. AIDS mortality has been declining since 1995.

Healthy People 2000 Objectives

AIDS rates are still double the Year 2000 population target rate, but these rates have come down since 1990 much faster than the US rates. The latest AIDS incidence rates for blacks, Hispanics and women are all at least double the 1995 US rate, and above the Year 2000 targets. But while the US rates for these groups have been increasing since 1990, San Francisco's rates since 1990 have been increasing more slowly (women) than the US rates, or even declining (blacks and Hispanics). So SF has been closing the gap between its earlier higher AIDS incidence rates and the US rates, both overall and for population groups with specified HP2000 targets.

	US			SF		Change (1990-)		SF rel. to
Objective	1990	1995	Yr 2000	1990	1996	US (-1995)	SF (-1996)	HP2000
AIDS								
18.1 Slow the rise in incidence of AIDS cases	33.1	28.6	43.0	304.7	91.8	-14%	-70%	213%
a # MSM cases	28,574	30,696	48,000	2,033	564	7%	-72%	--
b Blacks	59.0	100.5	136.0	295.3	283.8	70%	-4%	209%
c Hispanics	33.1	47.1	76.0	187.7	139.0	42%	-26%	183%
d Females	5.3	11.2	13.0	15.2	22.7	111%	49%	175%
e # IDU cases	12,466	19,100	25,000	283	154	53%	-46%	--
HIV					Latest SF		1990-latest	
18.2 Slow the rise in prevalence of HIV infection	400	--	400	--	1,985	--	--	496%
a MSM (men w. sex w. men)	17,400-60,900	--	20,000	45,251	24,289	--	-46%	121%
b IDU (injecting drug users)	0-49,300	--	40,000	7,800	10,200	--	31%	26%

Key: MSM=men having sex with men; IDU= injection drug users; #=number

Table 1. 1997 San Francisco AIDS and HIV rates compared with Healthy People 2000 objectives (Note that objectives are crude rates per 100,000 population per year, unless otherwise noted)

AIDS

Since 1980, there have been 25,494 reported AIDS cases and 17,573 deaths due to AIDS in S.F.. New cases and deaths peaked in the early 1990s. New cases have been declining since 1992 and deaths since 1995. Due to improved treatment the number of people living with AIDS is rising.

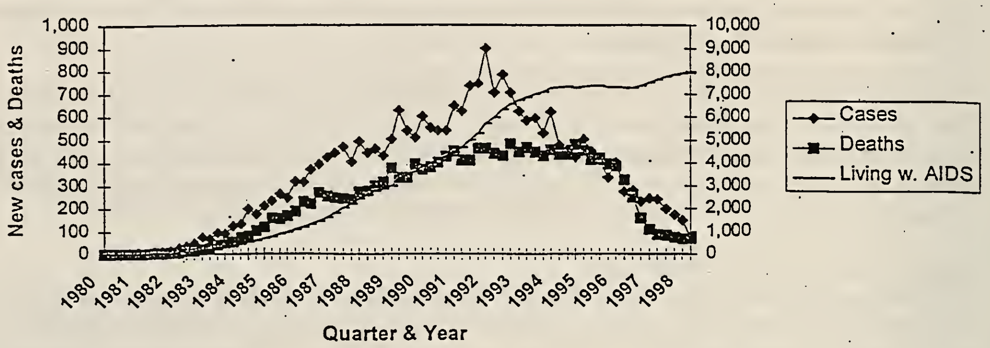

Figure 1. AIDS cases, deaths, and numbers of people living with AIDS

AIDS in San Francisco has been and continues to be a disease predominantly of white men who have sex with men. However, it does affect people from all ethnic groups. Recently, AIDS cases have been declining among all transmission categories and ethnic groups

Year	1987		1990		1992		1995		1997		1990-97 Trend	
Group	No.	%	No.	%	No.	%	No.	%	No.	%	Diff.	% Chng.
Transmission Category:												
Adult/adolescent												
Gay/bisexual men	2,854	83.0	1,864	84.6	2,588	79.8	1,235	74.8	510	72.3	-1354	-265.5
Injection drug users	46	1.3	114	5.2	278	8.6	172	10.4	100	14.2	-14	-14.0
Gay/bi men + IDU	472	13.7	169	7.7	272	8.4	175	10.6	54	7.7	-115	-213.0
Heterosexuals	12	0.3	25	1.1	50	1.5	32	1.9	21	3.0	-4	-19.0
Transfusion	34	1.0	12	0.5	17	0.5	8	0.5	1	0.1	-11	-1100.0
Pediatric	8	0.2	3	0.1	2	0.1	-	0.0	0	0.0	-3	--
Sex:												
Male	1,697	98.9	2,148	97.5	3,113	96.0	1,564	94.7	651	92.3	-1497	-230.0
Ethnicity												
White	1,377	80.2	1,712	77.7	2,365	72.9	1,140	69.0	458	65.0	-1254	-273.8
Black	143	8.3	226	10.3	390	12.0	244	14.8	124	17.6	-102	-82.3
Latino	144	8.4	189	8.6	384	11.8	205	12.4	95	13.5	-94	-98.9
API/other	48	2.8	63	2.9	77	2.4	55	3.3	26	3.7	-37	-142.3
Native American	4	0.2	13	0.6	26	0.8	8	0.5	2	0.3	-11	-550.0
Total	1,716	100.0	2,203	100.0	3,242	100.0	1,652	100.0	705	100.0	-1498	-212.5

source: AIDS Surveillance Report, July 1998

Table 1. AIDS cases by transmission category, ethnicity, and year of diagnosis

HIV

The 1997 Consensus Report estimated that incidence of HIV infection was lower in 1997 than earlier in decade. Incidence of new HIV cases seem to be leveling off .

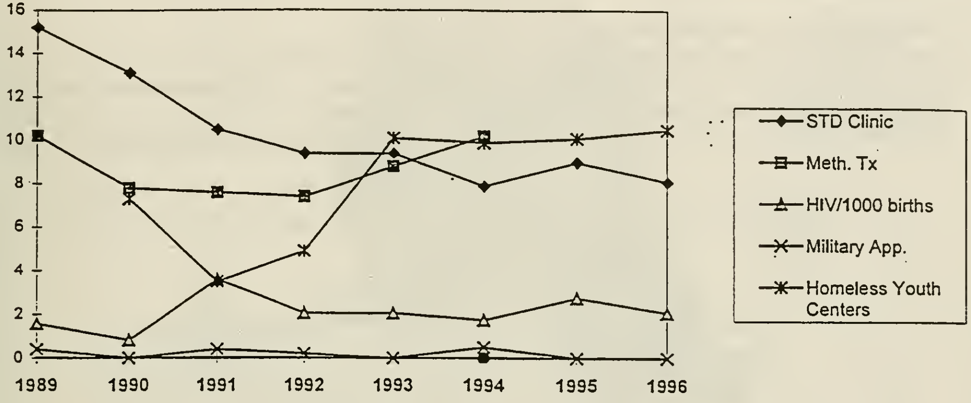

Figure 2. HIV infection rates by source of data and year of diagnosis

HIV is still predominantly a disease affecting San Francisco men who have sex with men. This group comprises 13,135 HIV cases out of the total 15,249 cases in 1997 or 86%.

Group	Population	Prevalence		Incidence		White		Af-American		Latino		Asian/PI	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Transmission Category:													
Adult/adolescent													
Men sex w. men (MSM)	39,000	11,700	30.0	283	1.1	8,919	76.2	682	5.8	1188	10.2	574	4.9
Young (<30)	6,300	945	15.0	64	1.2	639	67.6	90	9.5	113	12.0	90	9.5
Injection drug users (IDU)	13,000	1,560	12.0	117	1.0	632	40.5	593	38.0	187	12.0	83	5.3
MSM + IDU	4,100	1,435	35.0	53	2.0	789	55.0	330	23.0	244	17.0	50	3.5
Other adult	541,000	438	0.08	42	0.0	158	4.9	208	47.5	42	9.6	13	3.0
Transfusion/blood disorder		50		1		27	54.0	8	16.0	8	16.0	8	16.0
Pediatric (<13 years)	105,000	66	0.06	3	0.0	28	42.5	23	34.8	8	12.1	3	4.5
Total HIV infections		15,249		499		10,553	69.2	1,844	12.1	1,677	11.0	731	4.8
HIV seroprevalence							3.3		2.7		1.9		0.4
Cases alive						5,317	70.3	1,073	14.2	908	12.0	232	3.1

source: 1997 Consensus Report

Table 2. Distribution of HIV cases by risk population and race/ethnicity

Sexually Transmitted Diseases

Reportable STDs include syphilis of any stage, gonorrhea, chlamydia, chancroid, pelvic inflammatory disease (PID) and non-gonococcal urethritis (NGU). Many STDs, however, are not diagnosed and are never reported. Reported totals, therefore, should be considered minimum estimates of the true STD burden among San Franciscans.

Healthy People 2000 Objectives

Rates of STDs in San Francisco have decreased since the late 1970s. However, we are still well above CA and US averages. Although San Francisco has high overall rates of gonorrhea and infectious syphilis, we have met Centers for Disease Control (CDC) Year 2000 revised objectives for specific population groups for which there are objectives and for repeat gonorrhea and congenital syphilis.

Table 1. 1997 San Francisco STD rates compared with Healthy People for the Year 2000 STD Objectives (cases per 100,000 per year).

Disease	Year 2000 Revised Objective	1997 SF rate
Gonorrhea	100	212.0
African Americans	650	635.3
Adolescents	375	358.7
Women 15-44	175	149.6
Repeat gonorrhea	15%	8.2%
African Americans	17%	8.9%
Infectious Syphilis	4	7.9
African Americans	30	24.9
Congenital syphilis	40	23.3
African Americans	175	196.5
Latinos	135	0

Gonorrhea is the best STD to evaluate STD trends over time and by geography, ethnicity and age. Testing has been relatively constant and testing procedures have not changed substantially. Gonorrhea rates in San Francisco are among the highest in the US and are the highest in California.

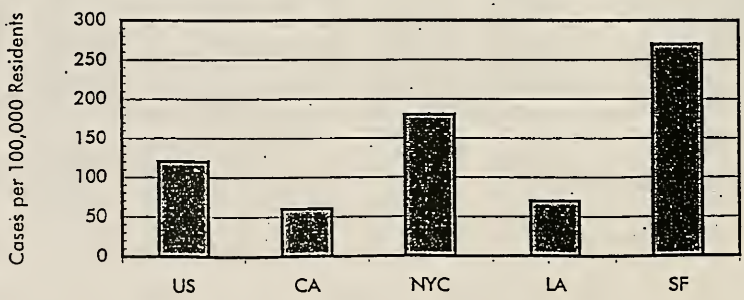

Figure 1. Regional gonorrhea rates compared for 1996, SF vs. LA, NY, Total CA and US.

Gonorrhea rates in San Francisco are the highest among residents in The Tenderloin, Western Addition including the Castro and Bay View Hunters Point.

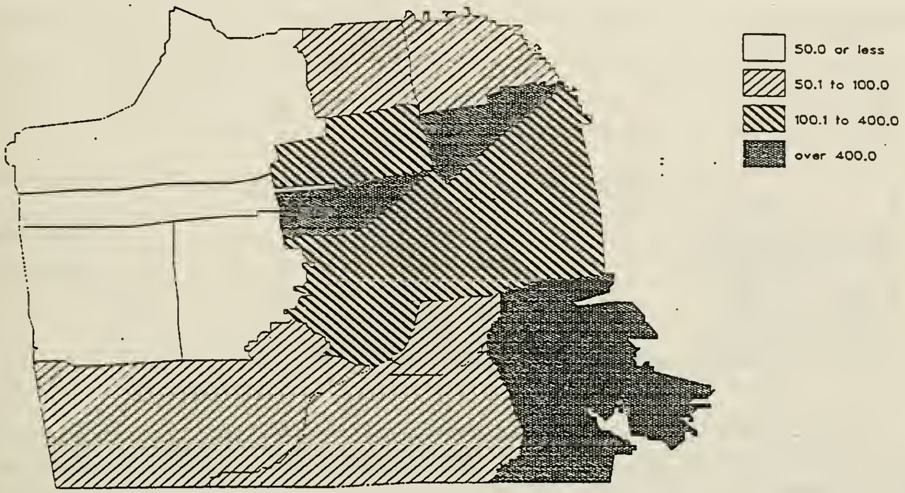

Figure 2. Geographic trends in gonorrhea rates for San Francisco, 1997.

Gonorrhea rates have declined substantially among the populations with highest risk, suggesting that targeted STD control efforts have been effective.

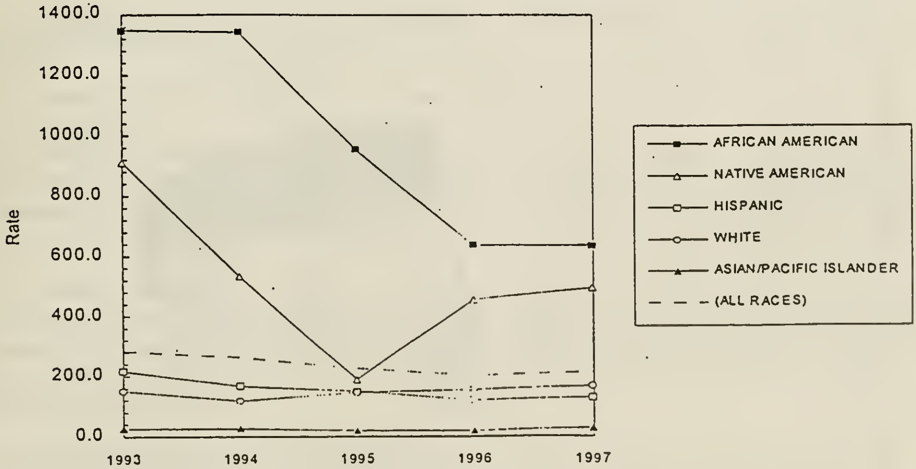

Figure 3. Trends in gonorrhea rates by race/ethnicity, San Francisco, 1993-1997.

Chlamydia rates are difficult to assess since reporting, screening and testing practices have continually changed since1989. Chlamydia is an asymptomatic infection that particularly effects adolescents. Adolescents are seven times more likely than adults to be infected with chlamydia. The increased risk among adolescents is primarily explained by the immaturity of the adolescent female cervix being particularly susceptible to chlamydia infection.

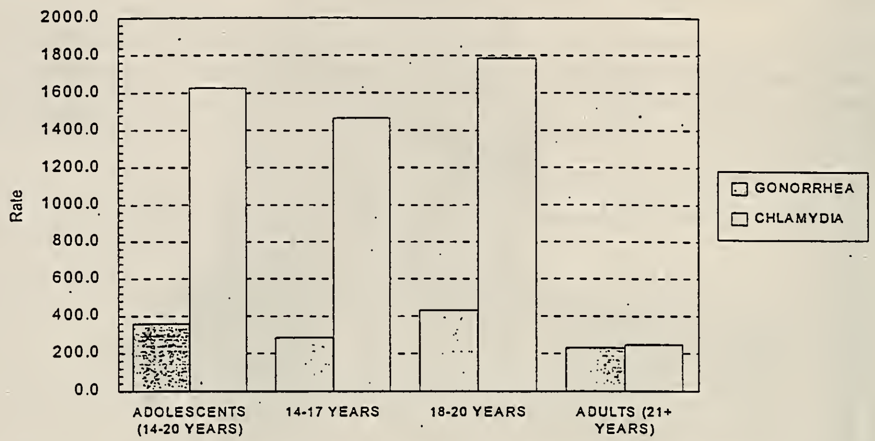

Figure 4. Gonorrhea and chlamydia rates by age, San Francisco, 1997

City Clinic is San Francisco's only municipal STD clinic. Since 1914, San Francisco has maintained a public STD clinic. Visits have declined since the early 1980's; however, there were 17,041 visits in 1997.

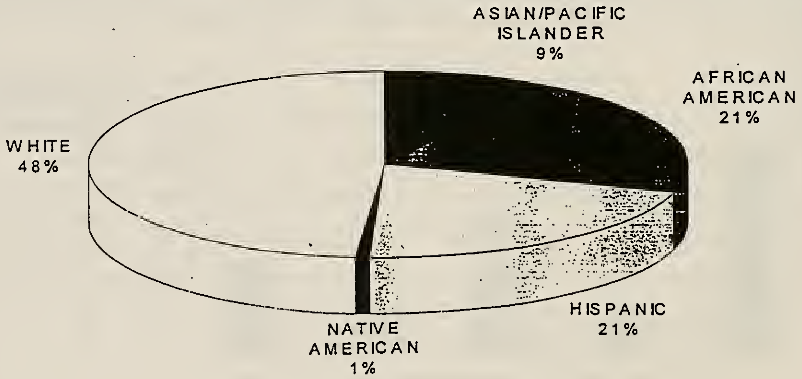

Figure 5. 17,041 City Clinic visits by race/ethnicity for 1997

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/98

AGENDA

HEALTH COMMISSION MEETING

October 20, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 29, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Update from The Lewin Group regarding compliance on Board diversity.

(3.2) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $505,721, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

(3.3) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Support Center for Nonprofit Management (SCNM), in the amount of $91,000, for the provision of organizational development and capacity building professional services for the period of July 1, 1998 through December 31, 1998. (DPH contracted with SCNM for services totaling $695,567 during FY 1997-98).

(3.4) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Black Coalition on AIDS (BCOA), in the amount of $246,687, for the provision of HIV prevention services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with BCOA for services totaling $914,604 during FY 1997-98).

(3.5) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Iris Center, in the amount of $127,747, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Iris for services totaling $1,626,811 during FY 1997-98).

(3.6) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive contract renewal with Filipino Task Force on AIDS (FTFOA), in the amount of $65,282, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with FTFOA for services totaling $194,810 during FY 1997-98).

(3.7) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive contract renewal with Urban Indian Health Board, Inc./Native American AIDS Project (UIHB), in the amount of $135,363, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999.

(3.8) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Central City Hospitality House (CCHH) in the amount of $74,818, for the provision of HIV prevention program targeting behavioral high-risk youth for the period of July 1, 1998 through June 30, 1999. (DPH contracted with CCHH for services totaling $595,397 during FY 1997-98).

(3.9) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $103,000, for the provision of HIV prevention program targeting behavioral high-risk youth for the period of July 1, 1998 through June 30, 1999. (DPH contracted with LYRIC for services totaling $153,000 during FY 1997-98).

(3.10) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Stop AIDS Project, in the amount of $500,029, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Stop AIDS Project for services totaling $961,341 during FY 1997-98).

(3.11) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive new contract with Mobilization Against AIDS International (MAAI), in the amount of $190,737, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with MAAI for services totaling $80,341 during FY 1997-98).

(3.12) **PH&P-CHP&P-Behavioral Health Prevention Services** – Request for approval of sole source and new contract with NICOS Chinese Health Coalition, in the amount of $100,000, for the provision of community capacity building services to identify, treat and prevent problem gambling in the Chinese community for the period of November 1, 1998 through June 30, 1999.

(3.13) **PH&P-CHS-SAS** – Request for retroactive approval of the multiyear renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $317,664 per year, to provide substance abuse outpatient and prevention services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. for services totaling $308,412 during FY 1997-98).

(3.14) **PH&P-CHS-SAS** – Request in conformance with Proposition I, public notification requirements for approval of a new site for Jelani House, Inc., at 1221 Newhall, for residential

substance abuse services for families. (DPH contracted with Jelani House, Inc., for services totaling $1,187,959 during FY 1997-98).

(3.15) **Administration – MIS** – Request for approval of two new sole source contracts with Shared Medical Systems, Inc. (SMS), to include mutual indemnification provisions in the amount of $19,686,189, for the remote computing option contract, for the period of January 1, 1999 through June 30, 2004, and in the amount of $6,192,691, for the product and services contract for the period of January 1, 1999 through June 30 2002. (DPH contracted with SMS for services totaling $5,744,749 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER 1998**

6) **UPDATE ON RECONFIGURATION OF THE EMERGENCY MEDICAL SERVICE SYSTEM**

7) **UPDATE ON CITYWIDE DIVERSION**

8) **PRESENTATION OF THE SENIOR DISASTER REGISTRY**

9) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH YEAR END FINANCIAL REPORT FOR FY 1997-98**

10) **CONSIDERATION OF APPROVING THE SFGH MEDICAL STAFF BYLAWS FOR THE RULES AND REGULATIONS MANUAL, THE CREDENTIALING PROCEDURE MANUAL, AND THE COMMITTEE MANUAL**

11) **CONTINUANCE OF THE UPDATE ON S.F. MENTAL HEALTH PLAN, AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE**

12) **OTHER BUSINESS/PUBLIC COMMENTS***

13) **CLOSED EXECUTIVE SESSION:**

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

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* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

JAMES MITCHELL V CCSF, SUPERIOR COURT NO. 966-217, IN THE AMOUNT OF 20,000

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

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Vice President

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 20, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Commissioner Edward A. Chow, M.D., at 3:15 p.m.

Present:	Commissioner Edward A. Chow, M.D. (arrived at 3:30 p.m.) Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Debra A. Barnes Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 29, 1998

Action Taken: The Commission unanimously adopted the minutes of September 29, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

President Monfredini chaired the Budget Committee meeting in the absence of Commissioner Sanchez.

(3.1) Update from The Lewin Group regarding compliance on Board diversity.

Commissioner Monfredini indicated her support for the letter in that the spirit of the policy is being addressed.

Commissioner Hill observed that no new information is provided in the letter.

Commissioner Guy commented that this letter has to be improved if the contractor continues to do business in San Francisco.

(3.2) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $505,721, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $5,204,521 during FY 1997-98).

President Monfredini requested all contractors to submit their documents in a timely fashion.

(3.3) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Support Center for Nonprofit Management (SCNM), in the amount of $91,000, for the provision of organizational development and capacity building professional services for the period of July 1, 1998 through December 31, 1998. (DPH contracted with SCNM for services totaling $695,567 during FY 1997-98).

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President Monfredini commended the contractor for its progress.

(3.5) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Iris Center, in the amount of $127,747, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Iris for services totaling $1,626,811 during FY 1997-98).

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President Monfredini requested a 3-month (January 19, 1999) update report on board diversity and program compliance issues. She encouraged the Department to continue providing TA to this contractor.

(3.8) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Central City Hospitality House (CCHH) in the amount of $74,818, for the provision of HIV prevention program targeting behavioral high-risk youth for the period of July 1, 1998 through June 30, 1999. (DPH contracted with CCHH for services totaling $595,397 during FY 1997-98).

President Monfredini requested a confirmation by letter of the addition of new board members at the October Board meeting.

(3.9) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive renewal contract with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $103,000, for the provision of HIV prevention program targeting behavioral high-risk youth for the period of July 1, 1998 through June 30, 1999. (DPH contracted with LYRIC for services totaling $153,000 during FY 1997-98).

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Commissioner Hill encouraged the contractor to include an HIV positive person on its Board.

(3.11) **PH&P-CHP&P-HIV Prevention Services** – Request for approval of retroactive new contract with Mobilization Against AIDS International (MAAI), in the amount of $190,737, for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with MAAI for services totaling $80,341 during FY 1997-98).

President Monfredini requested a 3-month (January 19, 1999) update report on the monitoring Report.

Larry Meredith stated that the quality assurance issues for these HIV prevention contracts will be referred to the Joint Conference Committee for Population Health and Prevention.

(3.12) **PH&P-CHP&P-Behavioral Health Prevention Services** – Request for approval of sole source and new contract with NICOS Chinese Health Coalition, in the amount of $100,000, for the provision of community capacity building services to identify, treat and prevent problem gambling in the Chinese community for the period of November 1, 1998 through June 30, 1999.

Commissioner Monfredini requested a written update report be submitted to the Commission in February 1999.

(3.13) **PH&P-CHS-SAS** – Request for retroactive approval of the multiyear renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $317,664 per year, to provide substance abuse outpatient and prevention services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. for services totaling $308,412 during FY 1997-98).

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President Monfredini expressed her appreciation for the letter submitted by the contractor.

Commissioner Guy acknowledged the contractor needs to continue improvement on board diversity, noting that no ethnic minorities serve on the Board.

Commissioner Hill requested a follow-up letter to the Commission addressing the board diversity policy by March 1999.

Commissioner Parker stated that in order for the contractor to get on the right track, the contractor should have a plan in place as a response to Policy #24.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific requests.

Commissioner Chow was not present for this vote.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

When the State of California gave San Francisco money to implement Mental Health Managed Care, there was a very short timeline for startup. To expedite the process and meet the State's timeline, DPH asked Westside to act as a fiscal intermediary while we geared up the Mental Health systems infrastructure for managed care. As the Commission will recall, the Department's FY 1998-99 budget included the conversion of these contract employees from Westside to Civil Service status.

I want to express my appreciation for the tremendous job the DPH Human Resource staff, under Ed Gazzano and Rod Auyang's leadership, converting 103 fiscal intermediary contract employees to City employees in a very short period of time.

I want to acknowledge the team effort of key staff and their outstanding performance:

- Joel Hurwitz and his staff, expeditiously reviewed, analyzed, and issued recommendations for the classification of 72 new jobs. To date, we have no grievances.
- Arleen Lum, Bob Thomas, Don Weidner, Steve Pacarar, and Lincoln Mah, conducted the Civil Service Exam process for 12 different job classifications in less than three months. This team qualified hundreds of applicants.
- Regina Pera and her staff did a terrific job of issuing all the requisitions, shepherding them out of the Mayor's Office, controller, and DHR, securing and coordinating preemployment physicals, and developing individually tailored packets for each employee converting. These packets were instrumental in gaining the respect and confidence of our system from our new employees.

COMMUNITY HEALTH NETWORK

Plan of Correction for Resurvey Submitted

On October 16th, LHH submitted its Plan of Correction for the September resurvey to the State Licensing and Certification Office. The Hospital anticipates a response from the State and HCFA within two weeks. I will keep the Commission apprised of our progress on this important issue.

CHN Conducts Internal Assessment

As part of the internal assessment phase of its Strategic Planning process, Community Health Network (CHN) conducted a *Cultural Pulse Check of Staff.* Part of an ongoing process to foster genuine dialogue, CHN leaders met with over 50 groups of CHN staff – City and UCSF employees from every site and level of the CHN – to learn what values, beliefs and assumptions drive everyday decisions and behavior. CHN management is now determining what "disconnects" exist between our organizational goals and values, and what was learned from these discussions.

Appointment of Associate Administrator for Long Term Care and Laguna Honda Hospital Director of Nursing

I am pleased to announce the appointment of Mary Louise Fleming, RN, MSN, to the Community Health Network (CHN) position of Associate Administrator for Long Term Care and Director of Nursing for Laguna Honda Hospital. Mary Louise is well qualified to accept this position and brings a great deal of experience, knowledge, leadership ability and enthusiasm to meet the new challenges she will face. Since 1993, she has held a number of different positions within the Department of Public Health. Most recently she served as the Program Director for the Mental Health Rehabilitation Facility and led the program through its successful start-up process. In her new greatly expanded role she will continue to have administrative oversight for the Mental Health Rehabilitation Facility (MHRF).

Mary Louise has been involved in the long-term care planning process with Community Mental Health Services since the early 1990's and has also participated with the CHN level of care assessment team for Laguna Honda this past year. She is highly regarded for her commitment to consumer-focused care and her ability to develop and implement innovative programs.

Appointment of Compliance Officer for the Community Health Network

I am pleased to announce the appointment of Dominic Reo as the Compliance Officer for the Community Health Network. This newly created position will be responsible for the oversight, design, development, implementation and evaluation of the compliance plan/program. Mr. Reo comes to us from the private sector with a vast background as Director of Contracting, Managed Care Administrator, Health Care Consultant and Manager of Operations in the Bay Area and San Diego. I am sure the Commission joins me in welcoming Dominic, as we look to him for guidance and leadership in the changing health care environment.

Jerry Rankin Resigns as Director of the Office of Managed Care

I'm sorry to report that Jerry Rankin resigned his post as the Director of the Office of Managed (OMC) Care for the CHN to join Healtheon, a healthcare information technology firm, as a consultant.

Jerry worked at San Francisco General/CHN for 18 years, starting in 1980 as an administrative resident from UCSF. Over the years his contributions have included:

- Helping to obtain staffing, equipment, space, and information systems for departments from Environmental Services to Nuclear Medicine;

- Developing the 1994 CCSF/UCSF Affiliation Agreement Capital Development section, including the initial work on the Ambulatory Care and Research Facility, and bringing home the SFGH Garage Project;

- The SFO Airport Medical Services Clinic;

- The 911 Ambulance System, including acquisition of the building which now houses CHN Headquarters; and

- Taking the CHN through its first two years of Managed Care, and establishing a firm foundation for the future.

Joanne Burik will assume the interim directorship of the Office of Managed Care; I have every confidence that the strong team in the OMC will continue its fine work. I am sure you all join me in wishing Jerry continued success in his upcoming career change.

Surgical Services Reception for Primary Care
The CHN/UCSF Surgical Faculty at SFGH hosted a reception in honor of their CHN primary care colleagues October 8th. Dr. William Schecter, Chief of Surgery, and Dr. David Ofman, CHN Medical Director for Primary Care, conceived the reception as a means to foster communication and collegiality amongst the Surgical and Primary Care Services.

Over 100 individuals attended the reception with representatives from General Surgery, Orthopedics, Otolaryngology, Ophthalmology, Urology, Neurosurgery, Oral and Maxillofacial, Anesthesia, Obstetrics and Gynecology, Emergency Services, Primary Care Clinics, Mental Health Rehabilitation Facility, Forensics, and Laguna Honda Hospital. Presentations were given by each service. Soothing, live jazz music, provided by Dr. Bob Markison of the SFGH Surgical Service, added a touch of class to the affair.

A SFGH Surgical Specialty Source Book was developed by Dr. Schecter with the input of his surgical colleagues and distributed at the reception. Additionally, the Department of Surgery developed a handbook introducing their faculty. Drs. Schecter and Ofman are to be commended for their integration efforts. The ability to meet and confer with colleagues in a relaxed, non-clinical setting was positive in fostering good working relationships.

Chinatown Public Health Center (CPHC) Participates in Disaster Drill
The CPHC participated in a successful neighborhood disaster drill October 7th, which involved several health agencies and was led by NICOS (coalition of health and mental health agencies serving the Asian/Chinese community) Disaster Preparedness Committee. Community involvement included a Communication Coordinating Center located at Chinese Hospital; the Cathay Radio Clubs' Ham radio operators who provide mobile linkages among sites; the Fire Department and NERT (Neighborhood Emergency Response Team volunteers trained by the Fire Dept.) trained volunteers; and the Mayor's Office of Emergency Services. During the last three years over 150 monolingual Chinese speaking volunteers have been trained in disaster response. These drills are essential for public safety because Chinatown is densely populated and has many unreinforced masonry buildings. The Health Center is an active member of NICOS and the disaster committee.

LHH Artists Honored at the De Young Museum
On October 14th, 18 resident artists from Laguna Honda were participants in the Annual Exhibit 'Art with Elders' at the De Young Museum. The Activity Therapy Department collaborates with the 'Art with Elders' program to provide a professional art instructor for LHH residents. These instructors help channel the artists endeavors into various visual art forms.

It was a special treat for the LHH residents who participated to have their artwork displayed at a world class museum like the De Young. I wish to recognize Bill Frazier, Director of Activity Therapy, and all of his staff for the fine work they have done in enhancing programs for LHH residents.

LHH Annual Employee Recognition Dinner Dance

Last Thursday night the LHH hospital staff celebrated its annual Employee Recognition Dinner Dance event with a sumptuous buffet dinner and dance at the Patio Espanol. Honors were given to 264 co-workers who celebrated employment anniversaries ranging from 5 to 35 years.

Three employees with 35 years of service were recognized: Lola Dembowski and Margaret Lebrane from Nursing Services, and Freida King from the Billing Department.

Annual Hospitalwide Picnic

On October 24 Laguna Honda Hospital will host its annual hospitalwide picnic for all employees, family and friends, at Flood Park in Menlo Park. The picnic will run from 10:30 am to 5:30 pm, with food being served between 11:00 am and 2:00 pm. A variety of games and special entertainment events will be part of the festivities. All members of the Commission are invited to attend.

CHN Participates in UCSF School of Nursing Dean's Search Committee

Chancellor Michael Bishop of the University of California San Francisco (UCSF) appointed Anthony Wagner to the Search Committee for the Dean of the School of Nursing. The UCSF School of Nursing is a leader in nursing education, research, and clinical practice. The School is responsible for the preparation of teachers, administrators, advanced practice nurses, and research scientists who serve the profession nationally and internationally. The Nursing School is among the top three in the country in terms of NIH research dollars.

POPULATION HEALTH AND PREVENTION

HIV 'Detuned Eliza' Test

The HIV/AIDS Seroepidemiology and Surveillance Section of the San Francisco Department of Public Health has recently established a demonstration project to evaluate the use of a new HIV test, the 'detuned ELISA' at the HIV counseling and testing sites under the direction of the AIDS Health Project and at the municipal sexually transmitted disease clinic. The detuned ELISA is a test which can determine if someone is likely to have acquired HIV infection in the past six months. This test is a supplement, HIV blood test which is done only for persons who test positive for HIV. The detuned ELISA is still under investigation and is expected to receive FDA approval soon. San Francisco is the only city in the country offering this service.

Resignation

It is with regret that I announce the resignation of Barry Brinkley, HIV Prevention Director. We will miss Barry's commitment to HIV prevention services, vision of what was possible, and his collaborative problem solving perspective and leadership.

Although Barry's resignation is effective immediately, I am confident that the HIV Prevention staff will continue to achieve the goals and objectives of the unit. Larry Meredith will assume day-to-day responsibilities as Acting Director while the search for a new Director is conducted.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER 1998

President Monfredini presented the October Employee Recognition Awards to the following:

Individual	Division	Nominated by
C. Jeffrey Bramlet	DPH – Occupational Safety & Health	Vickie L. Wells
Willie Crawford	CHN – Facilities Maintenance	Anne Kronenberg, Ex. Asst.
Rose Fuapopo	CHN – Facilities Maintenance	Richard Ortiz
Richard Lee	DPH - Population, Health & Prevention	John F. Brown, Medical Dir., EMS Section
Bonnie Seaman	SFGH – Rehabilitation Unit	Staff

Mission Rock Health Care Team	**Division**	**Nominated by**
Nancy Cropley, R.N.	CHN - Homeless Programs	Marian Pena, Acting Dir.
Ann Dallman, M.D.	“ “	Tom Waddell Health Center
David Dietrich	“ “	“ “
Jan Goode, R.N.	“ “	“ “
Silver Hall	“ “	“ “
Andrew Hayes, MSW	“ “	“ “
Jean Cruz Holdaway,	“ “	“ “
Health Worker		“ “
Danielle Hurwitz, Health Worker	“ “	“ “
Bill LaRock, Nurse Practitioner	“ “	“ “
Kelly Surin, Clerk Typist	“ “	“ “
James Wagner	“ “	

CommunityMental Health Services Team	**Division**	**Nominated by**
Claire Skiffington and	Community Mental Health Services	Larry Doyle, Chief Finance Officer
Mary Covington-Walsh	” “ “	“ “

6) UPDATE ON RECONFIGURATION OF THE EMERGENCY MEDICAL SERVICE SYSTEM (EMS)

Dr. John Brown, EMS Medical Director, provided a status report on the EMS Sections implementation of the Community Consensus Document, “Optimizing the Configuration of San Francisco’s EMS”, which was presented to the Health Commission on February 20, 1996. He reported that of the 241 recommendations made in that document, 49 have been completed, 174 are in progress, 16 are in the process of being addressed, and we have been unable to complete two due regulatory changes in the EMS environment. For a copy of the full report, call the Commission Office (554-2666).

Some of the important achievements accomplished to date have been:

- *Community Education*: The development of the Community Education Committee, the Stop Red Light Running Campaign, and the Development of Public Access Defibrillation Standards.

- *Communications:* The development and implementation of Criteria Based Dispatching.

- *Response and Transportation:* The merger of the Paramedic Division into the San Francisco Fire Department.

- *Destination and Specialty Care:* The addition of Chinese and the Veteran's Administration Hospital as alternative receiving hospitals, and the development of a Diversion Action Plan to improve the hospital diversion situation.

- *Disaster Medical Response:* The regionalization of disaster response, including the development of the Metropolitan Medical Task Force and the Bay Area Disaster Medical Assistance Team.

- *Regulatory Function:* The implementation of CQI in the Quality Improvement Council, and the implementation and ongoing evaluation of the new Standard Treatment Protocols.

- *Global Recommendations:* The cultivation of alternative funding sources for EMS (MMTF grant, Stop Red Light Running funds from DPT), and the expansion of EMS response (all calls answered regardless of ability to pay).

The 1998-99 Strategic Plan for the EMS Section was also presented. This was generated with the input of staff and community advisory committees. The emphasis for this fiscal year is on expanding involvement in community education, improving DPH and citywide disaster preparedness, and increasing our role in research and instituting the necessary improvements in data collection and feedback into decision making processes.

Richard Shortall, EMS Chief of the Fire Department, and Dr. Marshall Isaacs, EMS Medical Director of the Fire Department, presented a 6-month status report of the Fire Department's EMS activities. For a copy of the full report, contact the Commission Office (554-2666).

The report covered these areas:

- Ambulance Deployment
- Workforce Integration
- Combined Communications Center
- System Performance
- Basic Life Support Pilot Study
- Medical Direction

- Quality/Risk Management
- Firefighter/Paramedic Students
- Multicasualty Incidents/Special Events
- Response Times
- Research

Mr. Shortall and Dr. Isaacs reported that the S.F. Fire Department is in a learning stage regarding EMS call volume, EMS system status management and its impact on the patients and the workforce. The S.F. Fire Department is committed to working as a team with its EMS workforce to examine issues of workload and its relation to quality of patient care and quality of life issues for our paramedics.

The Department supports a number of recommendations that will decrease the workload on the busiest ambulances during the short-term, as well as long-term solutions that will result in a reasonable workload and quality of life for its employees. This will ensure their ability to provide the highest quality rapid prehospital emergency medical care for the residents of an visitors to San Francisco.

Dr. Katz commended the EMS staff for their work.

The Commission thanked the staff for a comprehensive report that was a joint effort between the Fire and the Public Health Departments.

7) UPDATE ON CITYWIDE DIVERSION

Dr. John F. Brown, EMS Medical Director, presented an update on hospital diversion at San Francisco Hospitals (Attachment A)

Mr. Nathan Nayman, Hospital Council, commented on the complexity of the issue, with staffing as the core issue along with the shortage of critical care nurses.

Commissioners Comments:

- What is the role of the Pacific Coast Hospital and is there an innovative way to use beds at this hospital?
- Are hospitals maintaining their beds?
- Need for standardized diversion criteria data along with the diversion principles.
- Something logical is not working.
- Are we being asked to have a lower standard of care?
- The leadership needs to address this diversion problem.
- Because this has been going on for a while, a solution should be devised before December. Much discussion now has to move to a solution.
- A pilot project should be considered
- Being on critical care diversion is a crisis situation; solutions are needed

Dr. Katz stated that the Department needs to use a different strategy from last year.

The Commission requested a plan be brought to the Commission at the November 17, 1998 meeting.

The Commission took a 10-minute recess.

8) PRESENTATION OF THE SENIOR DISASTER REGISTRY

Dr. John F. Brown, EMS Section Medical Director, provided a progress report of the Disaster Registry for Seniors and Disabled Persons. For a copy of the full report, contact the Health Commission Office (554-2666).

Dr. Brown reported the following:

The Department of Public Health Emergency Preparedness Planning efforts focused on departmentwide planning and coordination. This project takes this expertise into the community.

A guiding principle of this and all of our disaster work, is an emphasis on personal preparedness. This is a particular challenge for many of our seniors and disabled persons living in San Francisco. In a continued effort to improve personal preparedness, we are working with community-based agencies to promote community preparedness.

To this end, the Disaster Registry Project builds upon the relationship that many of our community agencies have with these individuals. Also, efforts are now being directed towards working with outreach agencies to find those seniors and disabled persons who may not yet have an established relationship with a community agency.

The San Francisco Disaster Registry Project is an unprecedented effort to address the disaster-related needs of seniors and persons with disabilities in the City. Disaster planning experiences has shown the benefits of preorganized, specialized capability in disaster response, and the Registry presents a natural evolution of this concept in disaster response. As such, the Registry has become an integral part of the Department of Public Health's overall disaster response strategy. The Registry is well suited to facilitate disaster response within the focus populations in view of social and demographic trends that can be expected through the year 2020 and further into the new millennium.

The EMS Section of the Department of Public Health has assumed the lead role for program planning, implementation, and evaluation for the Disaster Registry Project. Over the last several months, we have actively begun to implement the program. We have reconvened the Disaster Registry Task Force and begun a pilot project to test a number of recruitment, data management, and response planning strategies. This report contains the background of the project and an overview of the three main program components and their status:

- Populating the registry via recruitment and outreach,
- Registry databases, and
- Response plan

The Disaster Registry Project began in 1987 with draft legislation that was introduced to the Board of Supervisors as a result of community concern over frail elderly and disabled persons' vulnerability to disasters. The 1989 Loma Prieta earthquake highlighted the need for disaster preparedness within these populations. In 1990, the Board of Supervisors passed Ordinance 259-90 directing the Department of Public Health to establish and maintain a registry identifying those persons who wish to be contacted after a major disaster. DPH then assumed the responsibility for the Disaster Registry as part of its overall disaster planning efforts.

DPH participates in citywide preparedness efforts to reduce injury and earth in the event of a disaster. In response to a major disaster, DPH may need to allocate services to provide emergency care to those in need. The Department's mission includes restoration or continuation of public and environmental health services, (i.e., sanitation, safe food, potable water, vector control, infectious disease control, and laboratory services), and hazardous or toxic substance control. Disaster response coordination by DPH is guided by the following principles:

- No one should suffer avoidable health problems in the aftermath of a disaster because of an inability to maintain access to critical services or supplies, such as attendant care, life support equipment, medications, food, or water.

- Agencies responding to a disaster should have access to information on persons who are especially vulnerable to disasters. These persons include those who are homebound, require full-time attendant care, or require life support equipment or medications.

Public Speaker: Margaret Baran, IHSS Consortium Executive Director

Commissioners Comments:

- A simpler system of information is needed
- Data needs to be streamlined and available to all appropriate agencies
- Specific simple information is important
- Back-up people to the system is needed
- This senior disaster registry could be a model for other vulnerable populations

President Monfredini requested a written follow-up report to the Commission in five months (April 1999).

9) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH YEAR END FINANCIAL REPORT FOR FY 1997-98

Monique Zmuda, Chief Finance Officer, reported the following:

A surplus of $18.1 million is projected for the close of fiscal year 1997-98 based on actual expenditures and revenues received though June 30, 1998. This is a $1.9 million increase from the 8-month projection of $16.2 million. (Attachment B).

Major components of the projected surplus of $18.1 million include: 1) $8.8 million in a one-time FQHC revenues received in FY 1997-98; and 2) a $25 million savings in Medi-Cal SB 1255 intergovernmental transfer expense that will be deferred until FY 1998-99. This is offset by: 1) $28 million in reserves against revenue estimates for contractual allowances and bad debt at San Francisco General Hospital; and 2) a $2.2 million deficit at Laguna Honda Hospital.

Adjustments to the FY 1997-98 surplus of $18.1 million include: 1) a reserve of $8.1 million for future FQHC or other audit disallowances; and 2) offset by elimination of the $6.4 million in reserves from prior year SB 90 revenue. The net result of these two adjustments if a $16.4 million surplus available to close out to the City's General Fund. This $16.4 million contribution to the City's General Fund will fulfill the Department's commitment to return funds to the City. This contribution was assumed in the FY 1998-99 budget process and is necessary to balance the Department's current year budget.

Ms. Zmuda provided the following information on contractual allowances and bad debt at San Francisco General Hospital:

In early September 1998, the Department of Public Health Finance staff (with the help of our cost report consultants, Toyon and Associates) found that the reserve against revenues for contractual allowances and bad debt was significantly understated. Contractual allowance is defined as the difference between the charges for services and actual reimbursement from Medi-Cal, Medicare and private insurance. Bad debt is defined as the difference between the charges for services and the payments made by individuals who are assigned to the self-pay financial code. Contractual allowances are made as adjustments (reductions) to revenues. For accounting purposes, bad debt is considered an expense, rather than an offset to revenue. However, in order to remain in balance, bad debt expense must always be offset by additional revenues.

In analyzing the discrepancies in earlier estimates, it was found that bad debt had either not been written off, or not written off in a timely manner in the past. Additionally, estimates of Medi-Cal revenue were overstated due to several factors, including higher than actual projections of the conversion of Medi-Cal "pending" to Medi-Cal, understated contractual allowances for inpatient and ancillary charges, and understated allowances for charges in the Mental Health Rehabilitation Facility.

It is important to note that the Hospital's Finance staff have changed prior practices of estimating contractual allowances and writing off bad debt. Hospital staff will now analyze contractual allowances and bad debt on a monthly basis and make monthly adjustments to financial reports. In addition, the Hospital will install an automated procedure for posting contractual allowances in revenue accounts that will be monitored each month. Also, monthly analysis will occur on the aging of accounts receivable to reduce the length of time that accounts remain as receivable. Finally, the Controller's staff will conduct a review of our revenue postings on a monthly basis in order to validate DPH estimates.

Additionally, Ms. Zmuda reported on the deferral of 425 million for SB 1255 Intergovernmental Transfer:

In the year end close, the Department and the Controller's staff discussed the appropriate accounting of the SB 1255 expenditures (intergovernmental transfer of $25 million) and the revenues ($42 million, of which $25 million is used to offset the expense of the transfer, and $17 million is used as a general net revenue at SFGH.) Because the expense is made in one fiscal year, and the revenue is received in the next year, the Controller recommended that the Department defer SB 1255 expenditures so that revenues and expenditures are recorded in the same fiscal year. This deferral results in a net savings of $25 million if FY 1997-98, thereby offsetting the loss in revenue discussed above. It should be noted that the Department will lose $17 million in revenue in the future when the program is cancelled, or replaced. However, there are currently no indications that the SB 1255 program will be cancelled in the foreseeable future. The deferral of the $25 million has been discussed and approved by the Mayor's Budget Director.

Commissioners' Comments:

- The budget information regarding the bad debt is horrible
- This budget report will have serious consequences on the commitments already made in the budget for FY 1998-99
- The budget of SFGH should be reviewed closely at the Joint Conference Committee of SFGH

- Not all of the Commissioners have had a conversation with the Chief Finance Officer on this budget problem

Dr. Katz stated that there will be dramatic impact on this year's budget. On November 17, 1998, the Department will bring to the Commission a plan to address these budget issues.

10) CONSIDERATION OF APPROVING THE SFGH MEDICAL STAFF BYLAWS FOR THE RULES AND REGULATIONS MANUAL, THE CREDENTIALING PROCEDURE MANUAL, AND THE COMMITTEE MANUAL

Dr. Sylvia Villarreal, SFGH Chief of Staff, presented the proposed revisions to San Francisco General Hospital Bylaws – Rules and Regulations, Committee Manual and Credentialing Procedure Manual. The revisions to all three were recommended for approval by the Medical Executive Committee on September 21, 1998, and by the Joint Conference Committee-SFGH on October 13, 1998.

Action Taken: The Commission approved the SFGH Medical Staff Bylaws for the Rules and Regulations Manual, the Credentialing Procedure Manual, and the Committee Manual.

11) CONTINUANCE OF THE UPDATE ON S.F. MENTAL HEALTH PLAN, AND CONSIDERATION OF A REVISED RESOLUTION FOR SINGLE ACCESS OF CARE

Dr. Katz provided an update on the data and cost projections on the single standard of care for mental health services. (Attachment C)

At this time, the Department proposes the policy on a single standard of mental health care be maintained.

President Monfredini referred the monitoring of this program to the Joint Conference Committee for Population Health and Prevention, which is chaired by Commissioner Guy. President Monfredini commented that she would like the Department to come up with financial options first before asking the Board of Supervisors.

Public Speakers:
Evelyn Lee, NICOS
Reuben D. Goodman, mental health consumer
Jennifer Friedenbach, Coalition on Homelessness
Mary Sue Planck, Mental Health Board

Commissioner Guy thanked the Mental Health staff and Dr. Katz for acknowledging the reaffirmation of the Commission's single standard of mental health care policy.

Commissioners Hill and Chow thanked Dr. Katz and the Department staff for the excellent update report.

Commissioners Hill, Guy, and Parker will attend the Board of Supervisor's Health, Family and Environment Committee on October 22, 1998 for the hearing called by Supervisor Sue Bierman.

12) OTHER BUSINESS/PUBLIC COMMENTS

None.

13) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

JAMES MITCHELL V CCSF, SUPERIOR COURT NO. 966-217, IN THE AMOUNT OF 20,000

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission approved the settlement only with the stipulation that the City Attorney obtain a specific document from the plaintiff. If the document is not obtained, the Commission will reconsider this item.

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted to not disclose any discussions held in Closed Session.

The meeting was adjourned at 7:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

MEMORANDUM

DATE: October 20, 1998

TO: Honorable Lee Ann Monfredini
President
Health Commission

THROUGH: Mitchell H. Katz, MD, MPH
Director of Health

FROM: John F. Brown, MD
Medical Director

SUBJECT: Hospital Diversion Update

The EMS Section continues to monitor hospital diversion at San Francisco hospitals.

Diversion Activity Review

Since we last reported to you in April of this year, hospital diversion of ambulances has continued at a higher than usual rate during the summer and early months of fall. The EMS Section has monitored hospital diversion since 1989. Historically, diversion activity peaks during the winter months, then decreases during the summer. As you recall, in December 1997 and January 1998, we had experienced unprecedented amounts of hospital diversion throughout our system due to hospital and emergency department overcrowding. This overcrowding was primarily a result of a severe flu season, a nursing shortage, and a critical care bed shortage in San Francisco. This experience mirrored the experience of other EMS systems throughout the state last winter. While diversion activity has slowed since the extremes experienced during the winter, the total amount of diversion activity continues to remain unusually high. With the exception of last July, we have continued to experience double-digit diversion figures for critical care diversion in every month of this year.

Suspension of Diversion

The most significant diversion trend that we have noted for this year is the increase in the frequency of diversion-suspension. In past years, diversion suspensions were infrequent and usually confined to the busy winter season. Due to the higher rates of diversion activity (greater than five hospitals requesting a combination of total and/or critical care diversion), the EMS Section has had to step in and suspend critical care diversion in every single month of this year. This has never previously occurred in our EMS system.

Critical Care Diversion Suspension Data:

Listed below are the critical care diversion suspensions to date:

January: 347 hours (47% of the month).
February: 5 hours (7% of the month).
March: 58.43 hours (8% of the month).
April: 6.38 hours (1% of the month).
May: 11.58 hours (2% of the month).
June: 15.9 hours (2% of the month).
July: 11.98 hours (2% of the month).
August: 26.13 hours (4% of the month).
September: 9.48 hours (1% of the month).

Because of this trend, bed capacity, coupled with the overall increasing demand for emergency and critical care services, the continued nursing shortage, and no immediate increase in system-wide critical care bed capacity, I anticipate during the upcoming winter season diversion activity may meet or exceed what we experienced during the 97-98 winter.

In July, I notified all of the San Francisco hospitals of our intention to suspend Critical Care Diversion from the beginning of December through the end of February. Our intent was to maintain the integrity of the medical 911 system during what I anticipate to be another winter season of unusually high Critical Care Diversion activity. Total (Emergency Department) Diversion, however, will remain in effect during this period. The purpose of an EMS diversion system is to manage short-term day-to-day patient overcapacity periods at one or a few of the hospitals that participate in the EMS system. Diversion is not intended to handle prolonged periods when we are exceeding our anticipated capacity. Our experience is that Critical Care Diversion does not help during these periods, but does result in less appropriate destinations for ambulance patients.

Our decision to suspend Critical Care Diversion has alarmed some of the hospitals. The hospitals are genuinely concerned that their staff may be overwhelmed at times if we do not allow Critical Care Diversion. Currently, we are considering alternatives to a blanket suspension, but will abide by our principles that patients are best served when delivered to a hospital emergency department that can provide a high level of care, stabilization, and continuity of care.

Addressing Diversion: Progress to Date on the Diversion Action Plan

The underlying causes for diversion present hospital administrators, managers, and staff many difficult challenges to overcome. Our role as the EMS system coordinator has led us to work with the hospitals regarding the diversion issue in new and creative ways. In collaboration with the Hospital Council and its member hospitals, we have successfully met many of the identified goals in the original Diversion Action Plan drafted last winter. While diversion continues to be an important issue for EMS, we believe that the initial efforts identified in the Action Plan have had a positive impact on the problem. Recently, we drafted a second Diversion Action Plan to address both immediate and long-term concerns regarding diversion. Please refer to the attachment for details.

State Task Force on Hospital Overcrowding and Ambulance Diversion

The State Task force report will be released after final approval by the Governor later this month. At an Emergency Medical Administrators' conference in Los Angeles during September, the State Emergency Medical Services Authority staff spoke on the three major findings of the report:

1. Starting in December, there was a sudden increase of influenza-like-illness (ILI) that was the heaviest since 1992. The ILI peaked in Southern California during the last week of December and spread to Northern California during January and February. The infuenza vaccine supplied to many at risk populations during the fall of 97 was not protective against this particular influenza strain contracted by most people during December 97 and January 98.
2. Hospital capacity was exceeded at many institutions for a number of reasons, including low occupancy projections based on two previous, lighter-than-normal flu seasons, a growing nursing shortage particularity in specialty areas, high service demands occurring during peak holiday and vacation time, the long holiday weekend closure of physician offices and clinics, and staff illness due to ILI.
3. Lack of system wide and hospital disaster plans that addressed situations of sudden increase in demand for prehospital and hospital services caused by ILI.

Conclusion

Although every effort is being made to prepare for another busy winter season, as emergency planners we have learned a valuable lesson. That is, influenza-like-illness can cause large numbers of persons to suddenly become ill and overwhelm our resources. There will always be some risk of this phenomena occurring despite our best efforts to immunize the at-risk populations - the flu strain may not match the vaccine or the unvaccinated populations becomes sick from ILI in large numbers. Disaster response principles apply in any situation in which the demand for emergency services exceeds the available resources. We are, therefore, looking at this opportunity to encourage hospitals to enhance their disaster planning so that they can activate for ILI outbreaks as well as other situations that tax their resources.

ACTION PLAN FOR REDUCING HOSPITAL DIVERSION
EMS Section
Progress Report
October 20, 1998

DIVERSION ACTION PLAN - GOALS MET & ON-GOING WORK

SHORT TERM

Standardized Critical Care Diversion Principles for San Francisco's Receiving Hospitals
Principles for developing a standardized internal diversion policy for all of San Francisco has been developed and approved by the local hospitals. Many hospitals have already adopted these principles. All hospitals agreed to implement these principles before December 1998. Highlights include:

- Diversion-avoidance, diversion notification (internal & external), and diversion-ending strategies.
- Establish a plan of action for a hospital on critical care diversion, to decrease the length of time spent on diversion by creating a mechanism to alert the entire hospital of the diversion status to expedite patient movements from the critical care and emergency departments.
- Establish a standard for the diversion of critical care patients arriving by ambulance.

Hospital Communications System (CHORAL) Upgrade
San Francisco hospitals allocated $80,000 for an upgrade to the Hospital Communications System (formerly CHORAL). The system should be implemented sometime this fall pending certification of the final contract. This system will permit rapid and reliable means for communicating a hospital's diversion status throughout the EMS system.

Identify Benchmarks for ED and Critical Care Utilization
The Hospital Council reported to the Health Commission in December 1997 the number of licensed Critical Care Beds and telemetry/step-down beds in San Francisco Hospitals. The Hospital Council reassessed this number this year; it has not changed. The EMS Section and the Hospital Council are continuing to work together to develop better data on EMS system and hospital capacity and utilization in order to identify system benchmarks.

The Lewin Group, a health care consulting firm, developed a model for projecting hospital capacity in Los Angeles as result of the Northridge earthquake. They also looked at emergency department capacity. The East Bay Section of the Hospital Council is replicating this study. The San Francisco Section of the Hospital Council is attempting to integrate with the Lewin Study as well. The EMS Section is supportive of this development especially in light of Gallegos Bill (SB2301) passage this year that requires local EMS Agencies to conduct system impact analysis when there is consideration of closure of an emergency department. While we do not anticipate closure of any emergency departments at this time, a baseline analysis must be conducted as a benchmark for any possible future analyses.

Projected FY 1997-98 Year-End Surplus/Deficit

Division	REVENUES			EXPENDITURES			TOTAL
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 434,311,552	$ 443,601,996	$ 9,290,444	$ 434,311,552	$ 433,263,971	$ 1,047,581	$ 10,338,025
Laguna Honda	114,013,864	111,437,460	(2,576,404)	114,013,864	113,604,143	409,721	(2,166,683)
Primary Care	34,901,780	41,973,669	7,071,889	34,901,780	33,306,400	1,595,380	8,667,269
Forensics	20,716,113	20,581,573	(134,540)	20,716,113	20,520,719	195,394	60,854
Subtotal	603,943,309	617,594,698	13,651,389	603,943,309	600,695,233	3,248,076	16,899,465
Population Health & Prevention							
Central Admin	20,374,403	18,891,958	(1,482,445)	20,374,403	20,290,339	84,064	(1,398,381)
Community Health	47,413,811	45,566,043	(1,847,768)	47,413,811	44,220,972	3,192,839	1,345,071
Mental Health	143,298,316	133,933,672	(9,364,644)	143,298,316	134,870,510	8,427,806	(936,838)
Substance Abuse	40,918,992	43,050,277	2,131,285	40,918,992	40,796,650	122,342	2,253,627
Subtotal	252,005,522	241,441,950	(10,563,572)	252,005,522	240,178,471	11,827,051	1,263,479
DPH Total	855,948,831	859,036,648	3,087,817	855,948,831	840,873,704	15,075,127	18,162,944
Adjustments							
DPH Reserve (SB90)	0	6,400,000	6,400,000	0	0	0	6,400,000
FQHC/Audit Reserve	0	(8,151,596)	(8,151,596)	0	0	0	(8,151,596)
Subtotal	0	(1,751,596)	(1,751,596)	0	0	0	(1,751,596)
Total	855,948,831	857,285,052	1,336,221	855,948,831	840,873,704	15,075,127	16,411,348

Attachment B
Page 1 of 1

City and County of San Francisco **Department of Public Health**

Mitchell H. Katz, M.D.
Director of Health

Date: October 13, 1998

To: Lee Ann Monfredini, President
Hon. Commissioners

From: Mitch Katz, M.D.
Director of Health Mitchell Katz

Subject: Options for achieving a single standard of care in mental health

I have attached the most recent cost projections for providing a single standard of mental health services to people without insurance in FY 1998-99. The attachment also indicates the number of clients that will be served by the mental health system and distinguishes the number of clients who we have traditionally served (the severely mentally ill) as well as those new clients to our system covered by the policy of single standard of mental health care.

As you can see from the data, we now project the deficit for services to people without insurance to be $607,142, which is a substantial reduction from past estimates. Especially because of the policy implications of this projection, it is important to review it in some detail—highlighting the reasons why it is different from past estimates—before considering policy options.

Cost Projections

In our September report, we estimated our fiscal year 1998-99 deficit for providing a single standard of mental health care to be $1.9 million based on expected utilization in similar populations.

There are several reasons why our currently projected costs are lower than our September estimates. First, as we now have six months of experience with this program, we feel it is appropriate to make our projections based on our actual experience. One aspect of our actual experience is that not all of those individuals authorized for treatment actually seek treatment. We expect that, like San Mateo and Solano counties, only 65% of those authorized for treatment actually seek treatment. This substantially decreases the costs of the program. Second, our September estimates assumed that utilization would increase over the course of the year. To date, however, utilization was similar in the period April 1-June 30, 1998 to July 1-September 30, 1998. Therefore, our new projections assume that the rate of utilization for these services during this fiscal year will be stable. Third, our prior estimates assumed that a larger portion of the uninsured clients would be seen by private providers. Our current projections assume that our system of care clinics will absorb the projected number of new clients into our system, except for those clients that we have already assumed would be care for by our private providers.

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(415) 554-2600 101 Grove Street San Francisco, CA 94102

The current projection of a $607,142 deficit includes medication costs, including the new generation of drugs with fewer side effects (i..e., the atypical anti-psychotics and the new generation of anti-depressants). If expenditures hold at the current rate, the funds in our budget to support a single standard of care will not run out until March, 1999.

It is important to note that our projected estimates of the cost of maintaining a single standard of care do not truly meet the needs in the community. Clearly, a much larger number of persons in San Francisco need mental health services than are coming forward to receive them. To address this, the Health Department would need a substantial increase in funding, both for outreach to these individuals and for provision of these services. In addition, the fact that a substantial proportion of persons do not follow through on services indicates that more should be done to encourage adherence to treatment. We hope to address these needs in future initiatives.

We should also note that our previous reports also included estimates of projected deficits for caring for the Medical population. In this report we wanted to more clearly separate these issues. Deficits due to our costs in caring for the Medi-Cal population being higher than our allocation rate from the State represent a very different policy issue than the issue of maintaining a single standard of care. At the September meeting we estimated the size of the deficit to implement managed care to Medi-Cal clients to be $1.2 million dollars. We have been able to reduce this deficit to $590,657 through recognition that the Federal government will match general fund expenditures in excess of the State's capitation. The Commission will get a fuller briefing of this deficit as part of the Department's first quarter of 1998-99 report. We will seek guidance from the Commission at that time about how to close projected deficits in this, and other areas of the Health Department in which they exist.

Policy Options

The fact that we will have enough funding to maintain a single standard of mental health services until March, 1999 allows us time for pursuing a variety of options.

One possibility is that the Board of Supervisors will choose to fund an expansion of mental health services. Supervisor Sue Bierman will be holding a hearing on October 22, 1998. Board members have the ability to direct additional funding to the Health Department. It is unusual for the Board to approve supplemental requests for on-going funding needs that were known about in the prior budget cycle. Nonetheless, many Board members strongly support the Health Department maintaining a single standard of mental health benefits.

A second possibility is to obtain private funding for expanding mental health services. The Department intends to submit a request to the California Endowment to provide sufficient funds over three years to support a demonstration project to provide a single standard of mental health care. Our request will go beyond simply asking for funding to meet the existing level of utilization. Rather we will request funds to perform outreach so that we can address the true need in the community for these services. We will also request funding to help clients adhere to mental health treatment (so the rate of follow through on authorizations is higher than 65%) and to evaluate the effectiveness of the program. We believe there are sound reasons why the California Endowment should fund this project. It improves access for a predominantly low-income, disproportionately ethnic minority population. Moreover, we believe that we can demonstrate that the provision of mental health services improves quality of life, stabilizes housing, reduces the risk of homelessness, decreases the need for psychiatric emergency and other urgent services and reduces unnecessary medical expenses. The Health Commission will, of course, be informed as soon as we hear anything about the status of our proposal.

There are other options the department can pursue to lower our costs. For example, Peter Forster, M.D., Medical Director of Community Mental Health Services, has approached pharmaceutical companies about the possibility of assisting the department in obtaining SSI eligibility for mental health clients receiving anti-psychotics and of providing free medications to indigent clients. The City Attorney's Office will send us a written opinion confirming the legality of receiving such donated services. A related option is to make indigent clients receiving anti-psychotic medications top-priority candidates for the SSI unit, since treatment for psychosis is *prima facie* evidence of a likelihood that a person will qualify for SSI. Persons who receive SSI would then qualify for Medical. This would reduce our reliance on general fund for their mental health care. Additionally, it is clearly within our capacity as the public health leadership in San Francisco to convene a meeting of health insurers, provider groups and charitable organizations to broaden the partnership for providing mental health services for people without insurance. While we cannot, at this point, know the actual cost savings associated with these efforts, they do hold out some potential for saving costs over time.

Finally, we have asked the City's lobbyists to work with our State legislators to reintroduce a bill that would require private insurance companies to provide equity between physical health and mental health benefits. As discussed in prior presentations, our ability to provide mental health benefits for people without insurance is compromised by our need to provide services for the severely mentally ill whose private insurance benefits have been exhausted.

At this time, the Department proposes that we maintain our single standard of mental health care pending the outcome of our several initiatives to ensure the future of a single standard of care. We anticipate bringing the issue back to the Commission as we have further information on the success of these initiatives. We will also bring back to the Commission any changes in our cost projections. If, for example, utilization or follow through on treatment authorizations increase, our costs could increase significantly. The reason is that the capacity of the system of care clinics to absorb more clients has a threshold, beyond which every new client would be referred to the private provider network, where all costs are additional costs to the system and, therefore, 100% of these costs would add to the deficit.

If you have any questions about the options I have outlined on the attached document, please feel free to call me.

MK:kg

attachment

Projected S.F. Mental Health Plan Expenditures for the Uninsured Who are Not Seriously Mentally Ill FY 98-99

In our September report, we estimated our FY 98-99 deficit for private practitioner services and pharmacy for the new uninsured population to approach $1.9 million (based on expected utilization in similar populations). The Department's updated projected deficit for the single standard of care for the uninsured is $607,142.

Payor	Projected FY 98-99 Expenditure	Budget FY 98-99	Deficit
General Fund	$2,197,782	$1,590,640	$607,142

Assumptions:

- This projection assumes no increase in the rate of new clients entering the system.

- We assume that the system of care clinics delivering outpatient services can absorb more new clients in FY 98-99 than we had originally anticipated. We originally projected this cost as $765,000 for private practitioner services. There appears to be sufficient capacity in the clinics but continued monitoring will determine if that is true.

- The projection includes the cost of medications.

- The projection assumes that only 65% of treatment authorizations will result in claims, consistent with the experience of other counties.

Projected Uninsured Clients Served By the Single Standard of Care Mental Health Policy FY 98-99

Expenditure	# New Uninsured Clients Served by Private Providers	# New Uninsured Clients Served by Clinics[1]	Total # New Uninsured Clients
Budgeted $1,590,640	1,409	744	2,153
Additional $607,142	538		538
Total $2,197,782	1,947	744	2,691

[1] Expected number of new uninsured clients. This is in addition to the # of uninsured seriously mentally ill clients the clinics currently serve.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

November 3, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

/98

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 20, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN–Primary Care Services-Homeless Programs –** Continuance of progress report on Bayview Hunter's Point (BVHP) contract presented on September 29, 1998 and request for approval of retroactive renewal contract to provide mental health case management services for the homeless in the amount of $412,174 for the period of July 1, 1998 through June 30, 1999. (DPH contracted with BVHP for services totaling $6,833,093 during FY 1997-98).

(3.2) **PH&P-AB 75 Project –** Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 1998-99.

(3.3) **PH&P-CHS-Mental Health –** Progress report on St. Luke's Hospital demographic data as requested by the Budget Committee of the Health Commission on September 29, 1998 and request for approval of renewal contract for adult Medi-Cal funded psychiatric inpatient hospital services for the period December 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000.

(3.4) **PH&P-CHS-Mental Health** – Request for approval of retroactive renewal of a multiyear contract with Regents of the University of California (UCSF), Dean's Office at SFGH, in the amount of $1,455,099 per year for the provision of mental health outpatient and case management services to clients who have been hospitalized at least twice in the past 12 months for the period July 1, 1998 through June 30, 2002. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

(3.5) **PH&P-CHS-Mental Health** – Request for approval of retroactive renewal of a multiyear contract with Ramsell Corporation, d.b.a. Professional Management Development Corporation, in the amount of $3,315,590 per year for the provision of fiscal agent services to reimburse residential care and geriatric care facility operators for clients living in certified State-licensed facilities and to reimburse providers who are not in the San Francisco Mental Health Plan provider network for the period July 1, 1998 through June 30, 2001. (DPH contracted with Ramsell for services totaling $6,399,307 during FY 1997-98.)

(3.6) **PH&P-CHS-Mental Health** – Request for approval of retroactive sole source and renewal of a multiyear contract with Crestwood Behavioral Health, Inc. in the amount of $3,003,950 per year for the provision of 24-hour and subacute locked mental health nursing facility services for the period of July 1, 1998 through June 30, 2001. (DPH contracted with Crestwood for services totaling $4,341,508 during FY 1997-98.)

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a multiyear contract with North of Market Senior Services, Inc., in the amount of $304,110 per year for the provision of outreach, outpatient, drop-in substance abuse services and case management, assessment and referral for mental health and social services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NOMSS for services totaling $419,145 during FY 1997-98.)

(3.8) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a multiyear contract with Family Service Agency of San Francisco (FSA) in the amount of $4,210,152 per year, to provide children's mental health services, adult care management, geriatric services, brief therapy services, and fiscal intermediary services for the period July 1, 1998 through June 30, 2000. (DPH contracted with FSA for services totaling $4,698,820 during FY 1997-98.)

(3.9) **PH&P-CHS-Substance Abuse** – Request for approval of retroactive renewal of a multi-year contract with Potrero Hill Neighborhood House, (PHNH) in the amount of $273,826 per year, to provide substance abuse day treatment services for the period July 1, 1998 through June 30, 2002. (DPH contracted with PHNH for services totaling $265,850 during FY 1997-98.)

(3.10) **PH&P-CHS-Substance Abuse** – Request in conformance with Proposition I, Public Notices, for approval of proposed day treatment project site in San Francisco at 965 Mission Street, Suite 640, for use by Standing Against Global Exploitation, Inc., (SAGE), and retroactive contract renewal with SAGE, in the amount of $373,319 per year to provide outpatient substance abuse services for women and transgender individuals, start-up services for the new project site, and day treatment services for prostitutes or sex workers for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SAGE for services totaling $80,000 during FY 1997-98.)

(3.11) **PH&P-CHP&P-HIV Prevention --** Request for approval of retroactive renewal of a contract with Regents of the University of California San Francisco (UCSF) AIDS Health Project in the amount of $436,560 for the provision of HIV counseling, testing, referral and partner

notification (CTRPN) for the period of July 1, 1998 through June 30, 1999. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

(3.12) **PH&P-CHP&P-HIV Prevention** -- Request for approval of retroactive renewal of a contract with Regents of the University of California (UCSF) AIDS Health Project in the amount of $176,914 for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

(3.13) **PH&P-CH&SS** -- Request for approval of retroactive sole source and renewal of a multi-year contract with Regents of the University of California (UCSF) in the amount of $207,736 per year for the provision of physician and radiology services at the Tuberculosis Clinic at San Francisco General Hospital for the period of July 1, 1998 through June 30, 2002. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

(3.14) **PH&P-CHP&P-HIV Prevention** – Request for approval of retroactive renewal of a contract with Black Coalition on AIDS, Inc. (BCOA) in the amount of $181,499 for the provision HIV prevention services for the period of October 1, 1998 through June 30, 1999. (DPH contracted with BCOA for services totaling $914,604 during FY 1997-98.)

(3.15) **CO-Finance** – Request for approval of contract extension with Health Management Systems, Inc., (HMS) for electronic claims processing, retroactive claims reprocessing, and managed care consulting and data processing services for the Community Health Network for the period of November 1, 1998 through March 31, 1999; reimbursement for all services is based on contingency fees from revenues collected.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS – SFGH: 1) ANATOMIC PATHOLOGY, AND 2) LABORATORY MEDICINE**

6) **PRESENTATION OF THE STATUS REPORT ON RETROACTIVE CONTRACTS**

7) **PRESENTATION OF THE HEALTH AND WELL BEING OF CHILDREN AND YOUTH REPORT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

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Vice President

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 3, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President David J. Sanchez, Jr., Ph.D., at 3:15 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 20, 1998

Action Taken: The Commission unanimously adopted the minutes of October 20, 1998, with the correction that President Monfredini called the meeting to order.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Note: Commissioner Parker attended the Budget Committee meeting.

(3.1) CHN–Primary Care Services-Homeless Programs – Continuance of progress report on Bayview Hunter's Point (BVHP) contract presented on September 29, 1998 and request for approval of retroactive renewal contract to provide mental health case management services for the homeless in the amount of $412,174 for the period of July 1, 1998 through June 30, 1999. (DPH contracted with BVHP for services totaling $6,833,093 during FY 1997-98).

Commissioner Parker suggested more frequent monitoring (i.e., quarterly) of contractors having difficulties.

Commissioner Barnes requested the Budget Committee be kept informed about problem areas of this contractor.

(3.2) **PH&P-AB 75 Project** – Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 1998-99.

Commissioner Sanchez requested departmentwide information on dental services.

(3.3) **PH&P-CHS-Mental Health** – Progress report on St. Luke's Hospital demographic data as requested by the Budget Committee of the Health Commission on September 29, 1998 and request for approval of renewal contract for adult Medi-Cal funded psychiatric inpatient hospital services for the period December 1, 1998 through June 30, 1999. The total dollar amount for Medi-Cal psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000.

Commissioners thanked the CEO of St. Luke's Hospital for his attendance at this meeting.

(3.4) **PH&P-CHS-Mental Health** – Request for approval of retroactive renewal of a multiyear contract with Regents of the University of California (UCSF), Dean's Office at SFGH, in the amount of $1,455,099 per year for the provision of mental health outpatient and case management services to clients who have been hospitalized at least twice in the past 12 months for the period July 1, 1998 through June 30, 2002. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

Commissioner Barnes requested a letter be sent from the Commission to the U.C. Board of Regents regarding compliance to Policy #24, specifically on the collection of sexual orientation demographics. Commissioner Barnes commented that the Department has many million of dollars in contracts, plus the U.C. Affiliation Agreement, with UCSF.

Commissioner Sanchez abstained due to conflict of interest on this item.

(3.5) **PH&P-CHS-Mental Health** – Request for approval of retroactive renewal of a multiyear contract with Ramsell Corporation, d.b.a. Professional Management Development Corporation, in the amount of $3,315,590 per year for the provision of fiscal agent services to reimburse residential care and geriatric care facility operators for clients living in certified State-licensed facilities and to reimburse providers who are not in the San Francisco Mental Health Plan provider network for the period July 1, 1998 through June 30, 2001. (DPH contracted with Ramsell for services totaling $6,399,307 during FY 1997-98.)

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Commissioner Sanchez commended the contractor on its compliance to Policy #24.

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a multiyear contract with North of Market Senior Services, Inc., in the amount of $304,110 per year for the provision of outreach, outpatient, drop-in substance abuse services and case management, assessment and referral for mental health and social services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NOMSS for services totaling $419,145 during FY 1997-98.)

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This item was postponed to a future meeting.

(3.9) **PH&P-CHS-Substance Abuse** – Request for approval of retroactive renewal of a multi-year contract with Potrero Hill Neighborhood House, (PHNH) in the amount of $273,826 per year, to provide substance abuse day treatment services for the period July 1, 1998 through June 30, 2002. (DPH contracted with PHNH for services totaling $265,850 during FY 1997-98.)

Commissioner Barnes requested a progress report in 90 days on the survey of clients.

(3.10) **PH&P-CHS-Substance Abuse** – Request in conformance with Proposition I, Public Notices, for approval of proposed day treatment project site in San Francisco at 965 Mission Street, Suite 640, for use by Standing Against Global Exploitation, Inc., (SAGE), and retroactive contract renewal with SAGE, in the amount of $373,319 per year to provide outpatient substance abuse services for women and transgender individuals, start-up services for the new project site, and day treatment services for prostitutes or sex workers for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SAGE for services totaling $80,000 during FY 1997-98.)

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Commissioner Sanchez abstained due to conflict of interest on this item.

(3.12) **PH&P-CHP&P-HIV Prevention** -- Request for approval of retroactive renewal of a contract with Regents of the University of California (UCSF) AIDS Health Project in the amount of $176,914 for the provision of HIV prevention services targeting behavioral risk populations for the period of July 1, 1998 through June 30, 1999. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98.)

Commissioner Sanchez abstained due to conflict of interest on this item.

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Commissioner Sanchez abstained due to conflict of interest on this item.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except #3.8, with the specific requests.

Commissioner Sanchez abstained on #3.4, 3.11, 3.12 and 3.13.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

Federal Budget

Last month the President and Congress struck agreement on the 1999 federal fiscal year budget, October 1, 1999 – September 30, 2000. The Title II Department of Health and Human Services (DHHS) budget total $211.6 billion. DHHS oversees the Health Resources and Services Administration, Ryan White AIDS Programs, Center for Disease Control and Prevention, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Agency for Health Care Policy and Research, Health Care Financing Administration, Administration for Children and Families and Administration on Aging. The following summarizes key health components of the federal budget:

- ***HIV/AIDS*** -- The Ryan White Care Act appropriation is $1.4 billion, which is $262 million more than the 1998 appropriation and $99 million more than the Administration requested. The Ryan While totals include $505 million for grants to areas with high numbers of AIDS cases, $670 million for comprehensive care programs, $94 million for early intervention programs and $44 million for pediatric demonstration projects. Additional funds were also appropriated to the HOPWA program.

  The President and Congress also appropriated $130 million to address AIDS/HIV in communities of color. African-Americans constitute the fastest growing portion of HIV/AIDS caseload (44% of all new HIV cases nationally). The funds will be used to improve prevention efforts in high-risk communities to expand access to HIV drug therapies and other treatment.

- ***Public Health*** -- An additional $222 million has been appropriated to the Centers for Disease Control (total FY 1999 appropriation is $2.4 billion). The funds will be used to fight emerging infectious diseases, combat new resistance to antibiotics and improve prevention in such areas as diabetes, heart disease and HIV/AIDS.

- ***Quality Health Care*** – The Agency of Health Care Policy and Research will receive an additional $25 million to conduct research on the quality, costs and outcomes of the health care delivery system. The goal is to identify critical health care problems and educate all those involved in providing clinical care about solutions that can lead to improved quality.

- ***Health Status*** – The approved budget will allow DHHS to fund grants for communities to eliminate racial health disparities. This is a multi-year initiative to address health disparities in six health areas including cancer, HIV/AIDS, diabetes and immunizations.

- ***Lead Poisoning Prevention*** – The Fiscal Year 1999 budget includes a $20 million increase for lead poisoning prevention. The funds are needed to reduce the threat of childhood lead poisoning and other housing-related environmental health hazards.

- ***Food Safety*** – Approximately $79 million has been appropriated for the Food Safety Initiative to help implement improvements in the surveillance of food borne illnesses, education about proper food handling, research and inspection of imported and domestic foods.

- ***Bioterrorism*** – An emergency public health and social services fund was allocated $216.9 million for bioterrorism and related activities. Funds will also be used to improve public health infrastructure, conduct studies on health and national security and to combat certain infectious diseases.

Healthy Families

As of late October, 29,801 children had been enrolled in the California Healthy Families Program (2,371 in San Francisco – 8% of total enrollment). The total number of children eligible for the program statewide has been revised to 400,000. An estimated 3,000 to 6,000 children are eligible for the program in San Francisco. Statistics indicate that over 60% of the children who apply for Healthy Families are ineligible because they qualify for no-cost Medi-Cal.

The program has been in operation for three months and the State is undertaking efforts to enhance the enrollment given that it has enrolled less than 1% of the eligible population. Specifically, the State is:

- *Revising the joint application* for Healthy Families/ Medi-Cal for Children,

- *Strengthening community outreach and education* by increasing assistance fee, implementing a school-specific enrollment strategy, providing support in geographic areas where community-based *organizations need assistance,*

- *Expanding outreach to the Latino community* by obtaining clarification on the public charge issue for the immigrant community, conducting application assistance training in Spanish and increasing partnerships with Spanish language media, and

- *Expanding corporate sponsors* to gain more exposure for the program.

The U.S. Immigration and Naturalization Services has clarified that citizen children will not create "public charge" liability for parents regardless of their immigrant status. However, it is unclear if this provision applies to immigrant children with immigrant parents.

Last month, the Managed Risk Medical Insurance Board (which oversees Healthy Families) was presented with a report on San Francisco's outreach effort in the Chinatown area. The majority of San Francisco's Healthy Families enrollment has been within the Asian community. The report indicated that of those surveyed, most enrollees became aware of the program either through the media (47%) or a provider – many cited North East Medical Services (23%). Only 3% of those surveyed cited English media as the source of their information about Healthy Families. This report is particularly enlightening in that it provides data on how certain communities receive information and which outreach strategies are or are not successful.

Flu Season Kick Off

The Department hosted its annual flu season kick off event this year at Chinatown Public Health Center on October 27th. Three TV stations covered the flu clinic that immunized over 300 seniors on its first day in operation. Flu clinic hours and schedules in Spanish, Chinese and English have been distributed widely throughout the city and the Flu Hot Line will continue in operation until December 31st at nine Community Health Network clinic sites.

POPULATION HEALTH AND PREVENTION

SAGE

I am most pleased to announce that the First Offender Prostitution Program, administered by SAGE in conjunction with the District Attorney's Office, has received the prestigious Innovations in Local Government award from the Ford Foundation and the Harvard University Kennedy School of Government. It is the first time a program from San Francisco has received the $100,000 award. We are all very proud of Norma Hotaling, founder and director of SAGE, for this well-deserved honor. As you know, SAGE is a contractor with Community Substance Abuse Services, and Norma Hotaling is an active member of the Substance Abuse Treatment on Demand Planning Council. We join with the Ford Foundation and Harvard University in congratulating Norma for her dedication and excellent work.

Cynthia Selmar Joined the Community Health Promotion and Prevention

I am pleased to announce that Cynthia Selmar has joined the Community Health Promotion & Prevention Branch of Population Health and Prevention. As many of you know, Cynthia has ably served the department in several capacities over the years, including Perinatal Services Coordinator, Director of Senior Services and, most recently, as Director of the Southeast Health Center. Her new assignment will make her responsible for the development and oversight of African-American health initiatives, including monitoring the development of the Health and Environmental Resource Center in Bayview/Hunters Point. We are very fortunate to have someone of Cynthia's stature in the community agree to take on such an important assignment. We are both grateful for her past stewardship of the Southeast Health Center and eager to have her take on her new responsibilities. We all offer a hearty welcome to Cynthia in her new role.

Domestic Violence Awareness Month

San Francisco Collaborative Organized to Prevent Abuse (SF-COPA) in collaboration with the Family Violence Council's community education committee, SF-COPA has produced two posters for Domestic Violence Awareness month. The poster designs were produced by San Francisco students in middle and high school, who participated in the contest "Color Us Safe!" which was conducted by the Family Violence Council. One poster has the message "FAMILY VIOLENCE HURTS EVERYONE', the other says "FAMILY VIOLENCE IS ILLEGAL. PLEASE STOP IT."

The posters are intended to raise community awareness of domestic violence, and in particular, its impact on children. This effort contributes to the Department's emphasis on the reduction of intentional injury. Although only a small number of posters were printed in the first "round", additional copies are currently being produced. I attached copies of the posters to this report for your perusal.

Annual Data Summary on Tuberculosis

The Annual Data Summary on Tuberculosis is attached to this report.

COMMUNITY HEALTH NETWORK

Laguna Honda Survey Status Report

As reported at our last meeting, LHH submitted its Plan of Correction for the September resurvey October 16th. On October 22nd, the Licensing & Certification Division of the California State Department of Health Services notified the Hospital that its Plan of Correction was unacceptable, and requested additional information. The Hospital resubmitted an amended Plan of Correction October 28th and is waiting for a response from the State. The State and HCFA have continued to invoke the threat of monetary penalties and program termination pending receipt of an acceptable Plan of Correction. I will keep you apprised of the status of this important issue.

Appointment of CHN Medical Director, Laguna Honda Hospital

It is with great pleasure that I announce the appointment of Dr. Maria Rivero as the CHN Medical Director for Laguna Honda Hospital (LHH), effective immediately. Dr. Rivero has been a part of the medical staff at LHH since 1988. She served as the Assistant Medical Director between February and June of 1998 and has been Acting Medical Director of LHH since July.

Dr. Rivero received her clinical training at Highland General Hospital in primary care and served as Chief Resident in Internal Medicine in 1993-1994. She also completed a fellowship in Pain Management at Harvard School and a Residency Program in Anesthesia. She completed her medical degree with honors at UCSF and is a graduate of the Cornell University of Arts and Sciences. Dr. Rivero is on the clinical faculty at UCSF and teaches UCSF medical students at all levels of training. Please join me in welcoming Dr. Rivero to her new position.

Appointment of CHN Director for Pharmaceutical Services

I am pleased to announce the appointment of Sharon Kotabe, Pharm.D., to the position of CHN Director for Pharmaceutical Services. For the last five years, Dr. Kotabe was the Pharmacy Director at Laguna Honda Hospital. In her new capacity, Dr. Kotabe will have responsibility for administrative oversight of pharmaceutical services for San Francisco General Hospital, Laguna Honda Hospital, the Mental Health Rehabilitation Facility, Forensics, and the Primary Care Centers. Already an active member of many CHN-wide groups that include the Pharmacy Council, Health at Home Professional Advisory Board, and the hospital pharmacy and therapeutics committees, she will also serve on the patient Care Council.

Dr. Kotabe has published articles in peer-reviewed national pharmaceutical journals, been invited to speak to pharmacy and other health care provider groups, and been appointed to serve on numerous committees for state-wide and national pharmaceutical organizations. Dr. Kotabe is also Assistant Dean and Assistant Clinical Professor of Pharmacy at the University of California, San Francisco School of Pharmacy, and Fellow in the California Society of Health-system Pharmacists and the American Society of Consultant Pharmacists. Please join me in welcoming her to her new position.

CHN Chief Assistant
I am pleased to announce the selection of Arthur Greenberg to the Community Health Network (CHN) as Chief Assistant to the CHN Executive Administrator. In this capacity, Arthur will continue to serve as Deputy City Attorney, working in coordination with Paula Jesson and the other Deputies assigned to the City Attorney's Health and Human Services Team to provide legal advice to CHN staff and other City Officials. He will also continue his primary role assisting Laguna Honda Hospital with the U.S. Department of Justice investigation, and related federal and state regulatory agency issues.

Independent Special Features
The Independent Newspaper began featuring a series of articles by Michelle Terwilliger this past month on LHH residents. These features show the human dimension of the hospital, specifically the residents who are willing to share their stories.

Healthy Families Halloween
The Community Health Network celebrated Halloween with parties aimed at boosting enrollment in Healthy Families, the state's insurance program for children of low-income families. Over 175 kids attended these parties at San Francisco General Hospital Medical Center and the Castro-Mission Health Center. Neighborhood children from Buena Vista and Cesar Chavez elementary schools, Good Samaritan Day Care Center, and St. Peter's Parish School attended with parents and teachers. Healthy Families information was distributed in goodie bags to all, and staff made contact with about 35 families whose children lack health coverage.

Laguna Honda Hospital Picnic Rescheduled
Laguna Honda Hospital's annual picnic was rescheduled to November 7th due to rain. The event will be at Flood Park in Menlo Park from 10:00 to 5:00. Food, games, and entertainment will be provided. All Commission members, staff and friends of LHH are invited to attend.

Commissioner Barnes requested a copy of the letter from HCFA and State Licensing and Certification and a copy of the Department's response.

Commissioner Chow acknowledged the TB data and requested the Population Health and Prevention Division to include some analysis and comments on the data.

Commissioner Sanchez requested the Department to consider looking at ways to provide aid to the Nicaragua disaster.

Commissioner Parker asked the Department how it plans to address the increasing HIV rates in the African American community. Dr. Katz stated the Department will be looking at this issue.

Commissioner Chow stated that the Department was recently acknowledged at the S.F. Medical Society.

5) CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS – SFGH: 1) ANATOMIC PATHOLOGY, AND 2) LABORATORY MEDICINE

Commissioner Chow, Chairman of the Joint Conference Committee-SFGH, reported that the Clinical Service Rules and Regulations are being recommended for approval, as required in the Bylaws Article XI, by the Quality and Utilization Management Committee on September 28, 1998; by the Medical Executive Committee on October 19, 1998; and by the Joint Conference

Committee-SFGH on October 13, 1998. The accompanying sheets were also approved by the Credentials Committee on August 10, 1998.

Action Taken: The Commission approved the revisions to the Clinical Service Rules and Regulations and Privilege Sheets for Anatomic Pathology and Laboratory Medicine.

6) PRESENTATION OF THE STATUS REPORT ON RETROACTIVE CONTRACTS

Monique Zmuda, CFO, gave an update on the Department's retroactive contracts, (Attachment A).

Commissioners' Comments:

- Requested the Department to relook at the $50,000 threshold and the type of contracts that may not be required to go to the Commission.
- Is there a question of personnel in-house resource allocation?
- Status report is an informative response.
- Efficiency in the contracting process is important.
- When is the appropriate time in the contract cycle to look at policy issues?
- More data should be brought back to the Commission for analysis in January/February.
- Goal is to have fewer retroactive contracts.

Dr. Katz stated the Commission may use its option of not approving a retroactive contract for the remainder of the fiscal year.

7) PRESENTATION OF THE HEALTH AND WELL BEING OF CHILDREN AND YOUTH REPORT

Mildred Crear, Director of Children, Youth and Families Section, Population Health and Prevention Division; Joanne Kimata, Planner, Office of Policy and Planning; and Ginger Smyly, Deputy Director, presented the fourth report for the Health and Well Being of Children and Youth in San Francisco, (Attachment B).

Public Speaker: Neil Gendel, Healthy Children Organizing Project

Commissioner Sanchez thanked members of the Council. He emphasized the report can be used to focus on prevention and intervention models.

Commissioner Chow stated the document is invaluable for demographics. He encouraged the Department to use the report as an opportunity for Population Health and Prevention programs.

Commissioner Guy would like to have a more in-depth discussion of the report at her Joint Conference Committee. This report begs the question of the role of school health and the impact on policy issues.

Ms. Crear commented that she would like to bring information to the Commission on Starting Points, the Childcare Initiative.

Commissioner Sanchez pointed out that many foundations are looking at childcare issues.

Ms. Crear reported that the Coordinating Council considers the completion of this report to be the first step in a process to ensure that the health issues of children and youth are in the forefront. The Council will now begin facilitating discussions within the Department to examine the findings of the report, and, in concert with the Department's leadership and staff, develop a set of policy and program recommendations concerning child and youth health. The Council anticipates that a central aspect of its recommendations will be increased coordination and integration of its children and youth programs across the Department's divisions and programs, as well as throughout the City.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco **Department of Public Health**

MEMORANDUM

Date: October 26, 1998

To: Health Commission

Through: Mitchell H. Katz, M.D.
Director of Health

From: Monique Zmuda
Chief Financial Officer

Subject: Report on Status of Contracts

The Department will process 521 contracts with more than 170 contractors during Fiscal Year 1998-99. An additional 180 contract modifications have been processed during the last six months, many of which extend contracts into the current fiscal year so that contractors do not suffer cash flow problems while the contract is negotiated. Finally, more than 60 contracts underwent budget revisions in the Spring to reflect the spending patterns of the contractors and enable us to pay for services rendered.

The absolute number of contracts has increased from last year, mainly from the Community Health Network and from new initiatives to address needs in the Population, Health, and Prevention divisions. Last year, at this time, 474 contracts needed to be developed and approved. The increase of nearly 50 contracts accompanied an increase in modifications to reflect the changing levels of State and Federal funding.

During the past year, the Department has striven to meet the goals of developing and approving all contracts within the first three months of the contract period. The Department is doing better this year than last year. Fewer than 10% still need to go before the Health Commission for approval. At this time last year, more than 20% of the contracts still needed Health Commission approval.

Thirty-six contracts, which are under development, will be presented to the Health Commission for review and approval. The remaining have already been approved by the Commission or are under $50,000 and do not require Health Commission review. The causes for the delays range from waiting for Demographic Information, Insurance Certificates, and revised budgets, all from the contractor, to changes in funding mix and amount of funding from the program units. The need for monitoring reports and responses to the reports contributes to the delays, as does increased workload from new contracts and RFPs, mostly from the CHN.

Attachment A
Page 1 of 3

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The following chart summarizes the status of contracts in development.

Start Date of Contract	Number Approved	Number in Development	Reasons for Delay
Before July 1998	119	26	9 need review by program manager 6 need review by contract officer 4 need demographic information 4 need insurance certificates 3 need contractor approval
July 1998	164	105	27 need review by contract officer 24 need review by program manager 14 need demographic data 13 need monitoring reports sent to & returned by contractors (contracts ready) 11 need insurance certificates 9 need final documents from contractor 7 need draft documents from contractor
August 1998	17	1	1 need review by contract officer
Sept. 1998	20	5	2 need review by contract officer 2 need demographic data 1 needs monitoring report sent to & returned by contractor (contracts ready)
Oct. 1998	16	22	8 need review by contract officer 5 need review by program manager 5 need draft documents from contractor 4 need insurance certificates
Nov. 1998	5	14	7 need review by contract officer 3 need review by program manager 4 need draft documents from contractor
Dec. 1998	2	5	5 need draft documents from contractor
Contract Ext.	145	2	2 need final documents from contractor

Although the number of renewal contracts that still need development is higher than we want it to be, it represents an improvement over last year. The effort to develop contracts in a timely manner has encompassed many different parts of the Department and is the result of teamwork. The Contracts Office spearheaded the drive to start the process of renewing contracts earlier in the Spring and has looked into the possibility of having some program managers share their monitoring experience with other managers. The Department still has room for improvement and will need to change some processes in order to have all contracts approved within three months of the contract start date.

The Contracts Office has hired one new person and reassigned another person to assist with contracts. The Office uses multi-year contracts wherever possible, which reduce the number of contracts that need full-blown contract negotiations. Some of this year's 47 proposed RFPs have been delayed and some contracts were put on month-to-month extensions. The Contract Officers have actually written some of the narratives and created some budgets while waiting for documents so that the contracts are not delayed. The Office works with potential contractors on Chapter 12-B compliance well in advance of a contract award in order to minimize delays. The Contract Officers have worked closely with program managers to prioritize services and contracts, and the Office has worked with Purchasing and other parts of the City to identify ways to streamline the contracting process.

The Contracts Office currently has one vacancy and anticipates filling the position during the next month. The additional staff will help reduce the workload and enable the staff to work more effectively with program managers around new services. The Office also anticipates that the new Sunshine Ordinance requirements for non-profits (Chapter 12-L) will increase the workload for a short period of time due to the need for educational outreach to these contractors. Finally, the workload of contracts from the CHN has increased to over 125 contracts, and three full-time Contract Officers are needed to handle the contracts and develop the solicitations for the new services. The Office will work with CHN to identify funds and a position to bring the number of Contract Officers devoted to CHN contracts from the equivalent of two positions to three.

If you have any questions or concerns, please call Galen Leung, head of the Office of Contracts Management, at 554-2609. Thank you.

cc: Galen Leung
file

EXECUTIVE SUMMARY

The Health and Well-Being of Children and Youth in San Francisco, 1998 provides an overview of the children and youth population in San Francisco by presenting a variety of health status indicators. Not all indicators are strictly health or medically related, but include socio-economic measures that traditionally have been seen as influencing health outcomes and the health status of individuals and populations. The report provides Healthy People 2000 objectives, when applicable, as a standard by which San Francisco can be compared to the nation as a whole. Key findings of the report are:

- *Demographics; Socio-Economic Status:* San Francisco has a smaller proportion of children and youth within the general population. Like the City's overall population, San Francisco's child and youth population is more racially/ethnically diverse population than the child and youth population in the rest of the State. The City's children and youth tend to be concentrated in certain areas of the City (about half reside within six zip codes). An estimated 22% of San Francisco's children and youth under age 18 were in poverty in 1993, slightly lower than the statewide and national rate. In both San Francisco and nationwide, the poverty rate among children is much higher than the poverty rate among non-elderly and elderly adults. In 1996/97, nearly one-third of students enrolled in the San Francisco Unified School District spoke limited English or were non-English speaking.

- *Perinatal Health*: San Francisco has a lower birth rate than the statewide average. In 1996, two-thirds of all births in San Francisco were to women of racial/ethnic minorities. In the same year, 86% of San Francisco women giving birth received early prenatal care, close to the Healthy People 2000 objective of 90%. However, entry into prenatal care was much lower (76%) among African American and Latina women. Latinas and African Americans have 77% of all births to adolescents.

- *Deaths:* From 1990 to 1995, half of the deaths among San Francisco children and youth from birth to age 24 were in the 15 to 24 age group, and 35% were among infants less than age 1. Homicide was the leading cause of deaths, with most homicide deaths occurring among youth ages 15 to 24. Black children and youth of all age groups had many deaths relative to their share of the population, and the discrepancy was greatest among Black youth ages 15 to 24.

- *Injuries:* From 1986 to 1995, the three leading causes (mechanisms) of injury deaths among San Francisco children and youth ages 0 to 18 were firearms (28% of all injury deaths), motor vehicle traffic (26%), and suffocation (11%). Over half (55%) of injury deaths were unintentional. In 1995, the three leading causes of injury hospitalizations were falls (25% of injury hospitalizations), motor vehicle traffic/non-traffic (16%), and poisoning (14%).

- *Childhood Lead Poisoning:* From 1991 to 1996, 8.4% of San Francisco children with blood lead level screening had initial blood levels that were elevated (greater than or equal to 10 ug/dL). Less than 4% of children had blood lead levels which required case management services (greater than or equal to 15 ug/dL), and this percentage has been dropping (2.0% in 1996) which is similar to national trends. The most common environmental sources of lead for San Francisco children with elevated blood lead levels were lead-based paint, lead-contaminated soil, and lead dust.

- *Immunization and Communicable Diseases:* San Francisco two-year olds had a 65% completion rate for immunizations in 1996, compared to a statewide rate of 57% and the Healthy People 2000 goal of 90%. From 1990 to 1997, San Francisco achieved the Healthy People 2000 goal to completely eliminate diphtheria and tetanus among children and youth ages 25 and younger, but did not completely eliminate measles and rubella. From 1990 to 1996, new reported cases of active tuberculosis among children and youth ages 0 to 18 represented 4% of all cases in the City. However, the rates among both children and adults are decreasing, similar to state and national trends. Nearly all (92%) new TB cases among children and youth were in non-White racial/ethnic groups.

- *Sexually Transmitted Diseases; HIV/AIDS; Sexual Behavior:* From 1992 to 1996, both chlamydia and gonorrhea rates declined substantially among San Franciscans youth ages 15 to 19 and in San Franciscans of all age groups. However, youth ages 15 to 19 continue to have the highest rates of both chlamydia and gonorrhea in the City, compared to all other age groups. Fifteen percent of San Francisco men who have sex with men (non-injection drug users) who are age 29 and under are estimated to be infected with HIV. Less than 1% (0.06%) of San Francisco infants and children age 13 or younger are estimated to be infected with HIV. Twelve percent of all AIDS cases in the City are among children and youth and young adults up to age 29 which is less than the U.S. average (19%). These cases disproportionately occur among men who have sex with men ages 25 to 29, two-thirds of these are Whites. Similar to the City as a whole, the number of AIDS cases in the 0 to 29 age group is declining. In 1997, 14% of San Francisco public middle school students and almost 30% of high school students reported that they engaged in sexual intercourse at least once in their lifetime.

- *Mental Health:* From 1990 to 1995, suicide was the second leading cause of death for San Francisco youth ages 15 to 24. Nationally, suicide is the third leading cause of death for this age group. One quarter (24%) of San Francisco middle school students and 20% of San Francisco high school students said that they had seriously considered suicide.

- *Oral Health:* San Francisco is the only 100% flouridated city and county in the State, achieving the Healthy People 2000 objective for flouridation. However, 66% of public elementary school children in San Francisco had dental caries ("cavities") including about half that were untreated, compared to the Healthy People 2000 goal that less than 35% of children ages 6 to 8 have one or more caries.

- *Child Abuse and Neglect:* In 1996, there were over 3,000 San Francisco children and youth ages 0 to 17 in foster care, the highest rate per capita in the State and over twice the statewide rate. The number of San Francisco children and youth in foster care increased dramatically between 1991 and 1993, but remained relatively stable from 1993 to 1996. African Americans represent 72% of San Francisco children and youth in foster care.

Homelessness: In 1996/97, the Connecting Point Housing Crisis Hotline received calls seeking assistance from 902 families with over 1,500 children of which half were age 5 or younger). Over a two-year period from 1995 to 1997, over 676 families were housed in and subsequently exited from one of the City's four largest family shelters. The three most common causes of homelessness as identified by the families were being evicted from their homes, substance abuse, and dangerous living environments.

- *Crime:* In 1996, juveniles up to age 17 represented 8% of all arrests in the City. The number of juvenile arrests declined by 26% from 1987 to 1996. The number of juvenile arrests for homicide has declined substantially by 1996 (8 arrests) from its peak in 1993 (34 arrests). Juvenile crime in San Francisco is concentrated in a few areas of the City.

- *Alcohol, Drugs, and Tobacco Use:* Over half of both middle and high school students in San Francisco public schools reported that they had tried alcohol at least once in their lifetime. Reported use of drugs (such as marijuana; inhalants; cocaine) among these students rose from 1992 to 1997. From 1994 to 1996, the number of children and youth under age 25 killed in alcohol-involved collisions declined significantly. San Francisco has achieved the Healthy People 2000 objective of reducing deaths caused by alcohol-related motor vehicle crashes among youth ages 15 to 24. In 1997, 13% of San Francisco public middle school students and 19% of high school students reported that they had smoked cigarettes at least once in the previous month. In 1997, over one-third of public middle school students and over one-half of public high school students in San Francisco reported that they had tried smoking at least once in their lifetime. Thirteen percent of middle and 19% of high school students reported that they had smoked in the past month.

- *Access To Health Care Services:* In 1996 and 1997, children and youth ages 0 to 17 comprised about 10% of the population without health insurance in San Francisco. The percentage of children who are uninsured is lower in the San Francisco Bay Area than in other regions of the state. Latino children in California are much more likely to be without health insurance compared to children in other race/ethnic groups. In 1995, most uninsured children in California lived in families with at least one working parent, and children who are low-income are more likely to be uninsured. In 1997, about 29% of San Francisco's residents under age 21 received Medi-Cal, although there were wide variations across neighborhoods. Sixty one percent of the Bayview Hunters Point population under age 21 received Medi-Cal, followed by South of Market at 48%.

A number of major themes were identified based on the broad range of information presented in the report. These themes include:

- The link between poverty and poor health (poverty was usually inferred based on residence of the individual or on program eligibility rules);
- The occurrence of health conditions are commonly associated with specific age groups;
- The impact on health status of social and economic factors such as environmental pollutants, violence, substance use, and lack of access to health care services;
- The consistent disparity in the health and well-being of African American children and youth compared to children and youth of all other race/ethnicities;
- The incidence of violence in the lives of children and youth in the City as reflected in rates of suicide, homicide, injury risk behaviors, and child abuse and neglect;
- The relationship between environments which encourage risky health behaviors and negative health outcomes; and
- The many limitations of existing health status data and the need to more systematically track the progress of health conditions in children and youth.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

7/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

November 17, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 3, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Consideration of a sliding fee schedule for the Community Health Network.

(3.2) **PH&P-CHSS** – Request for approval to accept and expend a new two-year grant from the U.S. Department of Commerce, Telecommunication and Information Administration, in the amount of $597,898, to provide full implementation of the Reggie Project for the period of October 1, 1998 to September 30, 2000.

(3.3) **CHN-Primary Care** – Request for approval of retroactive four-year sole source and renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $178,202 per year, for the provision of primary medical care services to medically indigent adults residing in the Mission District, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $856,819 during FY 1997-98).

(3.4) **PH&P-CHS-MH & SAS** – Request for retroactive contract renewal with Ohlhoff House, Inc. in the amount of $103,000 per year to provide outpatient substance abuse services for the

period of July 1, 1998 through June 30, 2002. (DPH contract with Ohlhoff House for services totaling $102,900 during FY 1997-98).

(3.5) **PH&P-CHS-MH & SAS** – Request for approval of retroactive contract renewal with Walden House in the amount of $6,079,107 to provide comprehensive mental health, substance abuse, and other medical residential and outpatient services to adults and adolescents for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Walden House for services totaling $8,099,548 during FY 1997-98).

(3.6) **PH&P-CHS-MH & SAS** – Request for approval of increased use of site, under Proposition I requirements, at 1175 Howard Street (detoxification facility) and retroactive renewal contract with St. Vincent de Paul Society of San Francisco (SVdP) in the amount of $1,139,714 per year to provide substance abuse drop-in, detoxification and substance abuse/mental health shelter services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SVdP for services totaling $860,709 during FY 1997-98).

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with New Leaf...Services for Our Community in the amount of $860,861 per year to provide outpatient substance abuse and mental health treatment services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with New Leaf for services totaling $1,347,911 during FY 97-98).

(3.8) **PH&P-CHS-Mental Health** – Request for approval of retroactive multiyear renewal contract with Family Service Agency of San Francisco (FSA) in the amount of $4,210,152 per year to provide children's mental health services, adult care management, geriatric services, brief therapy services and fiscal intermediary services for the period of July 1, 1998 through June 30, 2000. (DPH contracted with FSA for services totaling $4,698,820 during FY 1997-98).

(3.9) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $268,300 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Victor Treatment Centers.

(3.10) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $91,500 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Catholic Youth Organization-St. Vincent's School for Boys.

(3.11) **PH&P-CHP&P-TB Control** – Request for approval of sole source and renewal contract with Regents of the University of California at San Francisco (UCSF), in the amount of $2,081,451, for the continued operation of the Model Tuberculosis (TB) Prevention and Control Center, for the 15-month period of December 31, 1998 through March 31, 2000. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

(3.12) **PH&P-CHS-HIV Housing** – Status report on Catholic Charities' compliance with Health Commission Policy #24.

(3.13) **PH&P-CHP&P-HIV Prevention** – Request for approval of contract term extensions with the following contractors for AIDS prevention services for the period of January 1, 1999 through March 31, 1999: Asian and Pacific Islander Wellness Center; CAL-PEP; California AIDS Intervention Training Center; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Instituto

Familiar de la Raza; Iris Center; Mission Neighborhood Health Center; Polaris Research and Development, Inc.; Stop AIDS Project; The Support Center; Tenderloin AIDS Resource Center; and the Regents of the University of California (UCSF-AIDS Health Project and UCSF-Urban Health Study).

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 1998**

6) **PRESENTATION OF THE ANNUAL STATE LEGISLATIVE REPORT**

7) **PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING INCREASING ALTERNATIVES TO INSTITUTIONAL CARE**

8) **PRESENTATION OF A DEPARTMENT OF PUBLIC HEALTH FIRST QUARTER FINANCIAL REPORT FOR FY 1998-99, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT'S EXPENDITURE PLAN**

9) **PRESENTATION OF A PLAN TO ADDRESS DIVERSION**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

11) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: ANNIE TRUSTY V CCSF
SUPERIOR COURT #991-985

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* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
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HEALTH COMMISSION

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17/98

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 17, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:15 p.m.

Present:
- Commissioner Debra A. Barnes
- Commissioner Edward A. Chow, M.D.
- Commissioner Roma P. Guy, M.S.W.
- Commissioner Ron Hill
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 3, 1998

Action Taken: The Commission unanimously adopted the minutes of November 3, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) Consideration of a sliding fee schedule for the Community Health Network.

A resolution (see Attachment A) reflecting the new sliding fee scale was considered. Commissioners gave input on amendments to the resolution and requested staff bring back more information on implementation issues of the sliding fee scale.

(3.2) PH&P-CHSS – Request for approval to accept and expend a new two-year grant from the U.S. Department of Commerce, Telecommunication and Information Administration, in the amount of $597,898, to provide full implementation of the Reggie Project for the period of October 1, 1998 to September 30, 2000.

(3.3) **CHN-Primary Care** – Request for approval of retroactive four-year sole source and renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $178,202 per year, for the provision of primary medical care services to medically indigent adults residing in the Mission District, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $856,819 during FY 1997-98).

> Commissioner Hill requested the update on staff compliance come back to the Commission in a year.

(3.4) **PH&P-CHS-MH & SAS** – Request for retroactive contract renewal with Ohlhoff House, Inc. in the amount of $103,000 per year to provide outpatient substance abuse services for the period of July 1, 1998 through June 30, 2002. (DPH contract with Ohlhoff House for services totaling $102,900 during FY 1997-98).

(3.5) **PH&P-CHS-MH & SAS** – Request for approval of retroactive contract renewal with Walden House in the amount of $6,079,107 to provide comprehensive mental health, substance abuse, and other medical residential and outpatient services to adults and adolescents for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Walden House for services totaling $8,099,548 during FY 1997-98).

(3.6) **PH&P-CHS-MH & SAS** – Request for approval of increased use of site, under Proposition I requirements, at 1175 Howard Street (detoxification facility) and retroactive renewal contract with St. Vincent de Paul Society of San Francisco (SVdP) in the amount of $1,139,714 per year to provide substance abuse drop-in, detoxification and substance abuse/mental health shelter services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SVdP for services totaling $860,709 during FY 1997-98).

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with New Leaf...Services for Our Community in the amount of $860,861 per year to provide outpatient substance abuse and mental health treatment services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with New Leaf for services totaling $1,347,911 during FY 97-98).

(3.8) **PH&P-CHS-Mental Health** – Request for approval of retroactive multiyear renewal contract with Family Service Agency of San Francisco (FSA) in the amount of $4,210,152 per year to provide children's mental health services, adult care management, geriatric services, brief therapy services and fiscal intermediary services for the period of July 1, 1998 through June 30, 2000. (DPH contracted with FSA for services totaling $4,698,820 during FY 1997-98).

(3.9) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $268,300 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Victor Treatment Centers.

> This item was continued to the December 1, 1998 Budget Committee agenda.

(3.10) **PH&P-CHS-Mental Health** – Request for approval of retroactive annual renewal contract with Family Mosaic Project contractor in the amount of $91,500 to contract for sub-acute residential treatment services for the period of July 1, 1998 through June 30, 1999 with the following agency: Catholic Youth Organization-St. Vincent's School for Boys.

Commissioner Hill clarified that the Commission has not requested sexual orientation demographics of the adolescent client population at CYO. With the letter dated November 12, 1998 from CYO indicating non-compliance, Commissioner Hill would not recommend this contract for approval and encouraged the Department to seek alternative contractors for this service.

Commissioner Barnes expressed disappointment in the CYO letter and commented that the letter is unacceptable. Each contractor needs to comply with Policy #24.

Commissioner Sanchez emphasized the need to ensure uniformity around compliance to Policy #24.

Commissioner Hill recommended that because the CYO representative made it clear on its unwillingness to comply with Policy #24, he recommended not to approve this contract and that staff proceed to find another provider for this service, and for staff to transition the clients appropriately. CYO will be funded for services already provided since July 1, 1998.

(3.11) PH&P-CHP&P-TB Control – Request for approval of sole source and renewal contract with Regents of the University of California at San Francisco (UCSF), in the amount of $2,081,451, for the continued operation of the Model Tuberculosis (TB) Prevention and Control Center, for the 15-month period of December 31, 1998 through March 31, 2000. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

A letter to the U.C. Board of Regents is being sent regarding compliance to Policy #24.

Commissioner Chow would want S.F. State University to also comply with Policy #24.

Commissioner Sanchez commented with the election of our new Governor, new diverse appointments to U.C. and the State University systems governing bodies would be possible.

(3.12) PH&P-CHS-HIV Housing – Status report on Catholic Charities' compliance with Health Commission Policy #24.

Commissioner Hill stated that non-compliance by Catholic Charities is unacceptable.

David Lloyd of Catholic Charities referred to the October 27, 1997 letter and would hope a resolution could be worked out as was done in 1994 and 1997. Mr. Lloyd encouraged the Commission to keep in mind the rich history of HIV services from Catholic Charities to AIDS patients.

Commissioner Barnes strongly encouraged the agency to look for alternative methods to comply with Policy #24.

Commissioner Hill requested the Department to come back with a transition plan and alternatives to this contractor. He is willing to have Catholic Charities come back in 30 days (December 15, 1998) with a full compliance plan.

President Monfredini emphasized this is the absolute last opportunity for Catholic Charities to comply with Policy #24.

(3.13) **PH&P-CHP&P-HIV Prevention** – Request for approval of contract term extensions with the following contractors for AIDS prevention services for the period of January 1, 1999 through March 31, 1999: Asian and Pacific Islander Wellness Center; CAL-PEP; California AIDS Intervention Training Center; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Instituto Familiar de la Raza; Iris Center; Mission Neighborhood Health Center; Polaris Research and Development, Inc.; Stop AIDS Project; The Support Center; Tenderloin AIDS Resource Center; and the Regents of the University of California (UCSF-AIDS Health Project and UCSF-Urban Health Study).

Action Plan: The Commission approved the Consent Calendar of the Budget Committee with the specific requests. Item #3.9 was continued to December 1, 1998. Commissioner Sanchez abstained on #3.11.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

Pregnancy-Related Services for Undocumented Residents

The Milagro Doe v. Belshe trial, originally scheduled this month, has been postponed until February 1999. Milagro Doe is one of the major lawsuits challenging the State's regulations to terminate State funding for pregnancy-related services to undocumented women. Under a court order in this case, the State continues to be prohibited from terminating funding at least until the trial is held. It is likely the case will be dropped in February, due to the new State administration. The Department is in touch with community advocates who will work with the Davis administration to determine the best approach for ensuring undocumented residents continue to be eligible for pregnancy-related services. This may be done through legislation and/or administrative action to withdraw the proposed regulations and rescind the existing executive order.

California Medical Association Council on Legislation Autumn Workshop

This weekend I was asked to attend the California Medical Association Council on Legislation Autumn Workshop as a consultant on the topic of HIV reporting. Unfortunately, the California Medical Association policy on HIV reporting is quite different from that adopted by this Health Commission. The California Medical Association supports HIV reporting by name rather than by unique identifier. The Council on Legislation also explicitly recommended to the California Medical Association that they not support legislative bills that would use a unique identifier method as a means of reporting HIV seropositivity to local Health Officers. At the meeting I explained the many reasons why our Health Department and Commission support HIV reporting by a unique identifier system. Unfortunately, our views did not sway the group.

November Elections

There were two San Francisco propositions on the November ballot affecting the Department of Public Health.

Proposition B was a measure requiring City departments to prepare annual customer service plans. The measure seeks to ensure that departments continuously address and improve their customer focus when providing services to the public. By February 1st of each year, all departments will be required to file their annual customer service plans with the Board of Supervisors. Proposition B amends the City Charter. Proposition B passed with 56% of the votes.

As the Health Commission is aware, the Department participated in the Mayor's Blue Ribbon Committee on Universal Health Care. Proposition J was based on the work of that Committee. Proposition J asked City residents whether it should be City policy to help the estimated 130,000 uninsured San Francisco residents obtain health care coverage. Proposition J was a declaration of policy and not a City Charter amendment. It passed with 64% of the votes.

I am pleased that both propositions passed. They further our efforts to improve the level of services to the public.

Medicaid 1115 Waiver Planning

Over the past several months, the Medicaid 1115 Waiver Planning Committee created by the Health Commission has been meeting to determine the feasibility of submitting an 1115 Waiver to the State for consideration. Thus far, the Committee has done the following:

- adopted guiding principles for the development of a waiver,
- held interviews with key stakeholders to determine their perspectives on a Medicaid waiver,
- developed sub-committees to examine fiscal/data, services delivery and system design issues, and
- reviewed detailed data on the historic utilization and costs of the Medi-Cal population in San Francisco.

The Committee identified a broad variety of issues during its deliberations, such as, expansion of managed care, service expansion for high utilizers and preservation of the safety net. The Committee is also looking at what coordination should exist between the Medicaid waiver planning process and other planning initiatives (e.g., long-term care, and the Mayor's efforts at universal health coverage and Healthy Families).

One of the guiding principles adopted by the Committee is that a Medicaid 1115 Waiver should only be sought if it results in improvements (fiscally, programmatically, structurally or in quality of care) in San Francisco's health care delivery system. On December 9, 1998, an analysis on the feasibility of pursuing a waiver will be presented to the Medicaid 1115 Waiver Planning Committee. This feasibility analysis will provide options for San Francisco to either generate savings in the Medi-Cal program or obtain federal reimbursement for currently unfunded services. With potential savings and/or additional funds, San Francisco may be able to expand health care coverage for some uninsured populations. After the feasibility analysis has been reviewed and commented on by the Medicaid 1115 Waiver Planning Committee, the Department will present the report to the Health Commission in January 1999.

Death with Dignity

DPH was one of the participating organizations in a conference called "California Conference on Physician Assisted Dying", held at UCSF November 13. Conference sponsors included Mayor Brown, the Death with Dignity National Center, and the San Francisco Medical Society. The conference lecturers and panelists lead an open and thoughtful discussion about current and proposed policy guidelines for optimizing end-of-life care and choices, and about the societal implications of such policies. By hosting this conference of national and international experts in the area, the City and County of San Francisco demonstrated its commitment to providing leadership in this important, if controversial, issue.

POPULATION HEALTH AND PREVENTION

Children, Youth and Family Services Section (CYFSS)

The Children, Youth and Family Services Section of Community Mental Health Services will be honored nationally tomorrow in New York City by Mutual of America Life Insurance Company-Corporate at its Third Annual Community Partnership Award event.

The Community Partnership Award is given to recognize the leadership of public, private and social sectors who have partnership for the greater good of their communities and can serve as inspiration and models for others to form partnerships. The award is an annual national competition.

CFYSS is being honored for its leadership and successful collaborative efforts with Edgewood Center for Children and Families and San Francisco's Department of Human Services, in the establishment of a nationally recognized kinship care program for the City and County of San Francisco. Sai-Ling Chan-Sew, LCSW, Director, will be accepting the award.

COMMUNITY HEALTH NETWORK

Mammography Accreditation

As reported to the Commission earlier, the Department submitted the required films for mammography reaccredidation to the Department of Health Services on August 13, 1998. The current accreditation expired September 30. Although it took a number of months, I am pleased to report that both SFGH Mammography Units passed the clinical image review by the California Department of Health Services and are fully accredited. The first unit was accredited October 27, the second one November 16. The California Department of Health Services, Radiologic Health Branch, accredits each machine, and the FDA accredits the facility. The Food and Drug Administration issued an interim notice allowing mammography services to be performed legally until the formal certificate is received.

Report on Laguna Honda's Plan of Correction

On November 9, representatives from the State Licensing & Certification Office requested supplemental information on six items contained in the Hospital's amended Plan of Correction. This information was submitted to the State on November 10. Written notification on the results of the Hospital's resurvey and Plan of Correction is expected any day. I will advise the Commission on the outcome upon receipt of the written notification.

Appointment of the CHN Information System Manager

I am pleased to announce the appointment of Patricia Skala as the CHN Information System Manager for Long Term Care, Forensics and Home Healthcare. Pat will be responsible for CHN Information Systems development and implementation for Laguna Honda, the Mental Health and Rehabilitation Facility, the SFGH Skilled Nursing Unit, as well as for Forensics and the Health at Home Program.

Pat brings a wealth of healthcare information systems experience to this position. She comes to this position from her prior DPH assignment as the Information Systems Manager for Population Health and Prevention. Pat's experience includes: serving as the Clinical Systems Supervisor at Davies Medical Center from 1993-95, as the Data Base Manager at California Pacific Medical Center from 1988 - 1993, and as Case Mix Manager at St. Mary's Medical Center from 1975 - 1988.

SFGH Annual Employee Banquet

The 18th SFGH Annual Employee Recognition Banquet co-sponsored by Campus Hospital Employees Activities Resource Services (CHEARS) was held November 6, 1998 in the hospital's main dining room. Approximately 300 individuals attended the event, which was a resounding success. The banquet honored both SFGH and UCSF employees who have, or will have acquired, 10 + service award year anniversaries by December 31, 1998. SFGH service award pins for corresponding years of service were given to honorees.

In addition, Gene O'Connell (Executive Administrator, SFGH) presented the following special awards to SFGH employees:

- Executive Administrator's Award:	SFGH Volunteer Services
- Department/Team Achievement Award:	CCU Nursing Skilled Nursing Facility (Unit 4A) Rehabilitation Services Department
- Individual Achievement Award:	Tom Jensen (Community Focus) Michelle Singh, RN (Department of Psychiatry)

In addition, 65 individuals received "Above & Beyond" recognition awards for providing exemplary customer relations service.

SFGH 3rd Quarter Medical Staff Report - 1998

New Appointments	68
Reappointments	87
Delinquencies	21 (or 24% of those processed)
Reappointment Denials	0
Resigned/Retired	37
Disciplinary Actions	0
Restriction/Limitation-Privileges	0
Changes in Privileges (additions/deletions	0
Current Statistics – 10/29/98	
Active Staff	351
Affiliate Professionals (non-physicians)	121
Courtesy Staff	590
Referring Staff	30
Total	**1092**
Applications in Process	**46**

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 1998

Individual	**Division**	**Nominated by**
Darryl Burton	PH&P/CHS/CSAS Operations	Barbara A. Garcia, Director of CSAS
Olga Gutierrez	PH&P/Comm. Mental Health Serv.	Vickie L. Wells
Esther Marania, R.N.	CHN/SFGH – Unit 5C	Sheryl Calson, R.N. Anne Hughes, R.N.
Julie Peck	PH&P/Breast & Cervical Cancer Serv.	Collins R. Munns

6) PRESENTATION OF THE ANNUAL STATE LEGISLATIVE REPORT

Patricia Dunn of the Office of Planning and Policy, presented an overview of the Department's Report on the 1998 State Legislative Session (Attachment B).

Commissioner Guy commented on the importance of legislation pertaining to school health issues.

Commissioner Chow expressed h is continued support for maintaining confidentiality by not reporting names for HIV reporting.

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING INCREASING ALTERNATIVES TO INSTITUTIONAL CARE

Dr. Katz presented his proposed strategic direction for Department of Public Health to increase alternatives to institutional care (Attachment C).

Public Speakers: Joan Braconi, Local 20
Donna Calame, citizen interested in long-term care

Commissioners' Comments:

- Supportive of the concept to increase alternatives to institutional care
- Quality of care needs to be maintained while decreasing use of institutional care
- Certain trends (i.e., increase in aging population, increase in homelessness and degree of poverty) point out need for this strategic direction
- Institutional care will still be a need
- Need to discuss this strategic direction in a public forum
- Deinstutionalization has previously been attempted
- Dialogue on prevention in the community is needed
- This is a temporary, band-aid solution without much impact on the system
- Citizens do not deserve services to be cut

Commissioner Barnes offered a friendly amendment to the proposed resolution with the addition of maintaining quality of care.

Action Taken: The Commission adopted Resolution #35-98, "Supporting a Strategic Direction of Developing Alternatives to Institutional Care and Requesting the Department to Develop Specific Proposals to Decrease Institutional Care and Increase Alternative Programs," (Attachment D).

Commissioner Sanchez left at 5:50 p.m.

8) PRESENTATION OF A DEPARTMENT OF PUBLIC HEALTH FIRST QUARTER FINANCIAL REPORT FOR FY 1998-99, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT'S EXPENDITURE PLAN

Monique Zmuda, Chief Finance Officer, presented the following:

The Department is projecting a shortfall in the range of $16 to $22 million for FY 1998-99 based on estimated expenditures and revenues for the first quarter of the fiscal year ending September 30, 1998. Major components of the projected gap include: 1) reduced revenues from uncompensated care at San Francisco General Hospital; and 2) reduced revenues at Laguna Honda Hospital attributable to the recent requirement to reduce census per the Department of Health Services and Department of Justice Plans of Correction.

Plan to Address Projected Revenue Shortfall

A proposed plan to address the projected fiscal year revenue shortfall has been developed by Department staff. This plan, which totals $21.9 million, includes an estimated $18.1 million in expenditure savings and 3.8 million increased revenues.

Expenditure savings of $18.1 million include: 1) estimated savings in salaries and fringe benefits of $7.0 million; 2) reduced overtime, registry and per diem personnel of $0.4 million; 3) a freeze on discretionary equipment purchases of $1.0 million; 4) deferral of non-essential capital improvements of $2.5 million; 5) reductions of carry forward expenditures from FY 1997-98 into FY 1998-99 of $3.0 million; 6) reduced marketing expenses at the Community Health Network of $0.6 million; 7) reduced administrative expenses of $0.5 million; 8) deferral of the opening of an additional unit at San Francisco General Hospital of $1.0 million; and 9) contractual services savings of $2.0 million. In addition, Department staff will explore additional expenditure savings from the deferral of new initiatives and accrual of one time savings from start up delays of new programs.

Increased revenues of $3.8 million include: 1) one time additional revenue from cost report settlements of $1.5 million; 2) additional Medi-Cal revenue of $1.5 million resulting from renegotiated reimbursement rates; 3) Medi-Cal revenue from additional eligible patients of $0.6 million; and 4) Medi-Cal reimbursement for administrative expenses of $0.2 million.

Salary and fringe benefit savings will be achieved by a Department-wide hiring plan. The hiring plan will identify vacant positions and determine a priority for filling positions or for holding vacant non-essential positions. Financial staff in each Division, in consultation with program managers and human resources staff are developing monthly hiring plans that are reviewed and approved by the Director of Health. This hiring plan was implemented at the end of October.

Projected FY 1998-99 Year End Surplus/Deficit

	REVENUES			*EXPENDITURES*			*TOTAL*
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	454,141,803	436,462,359	(17,679,444)	454,141,803	454,141,803	-	(17,679,444)
Laguna Honda	121,942,175	115,539,609	(6,402,566)	121,942,175	121,942,175	0	(6,402,566)
Primary Care	44,772,940	42,301,520	(2,471,420)	44,772,940	41,226,132	3,546,808	1,075,388
Forensics	22,182,571	22,183,571	1,000	22,182,571	21,926,283	256,288	257,288
Subtotal	643,039,489	616,487,059	(26,552,430)	643,039,489	639,236,393	3,803,096	(22,749,334)
Population Health & Prevention							
Central Admin	19,096,641	19,108,284	11,643	19,096,641	18,899,526	197,115	208,758
Community Health	55,765,265	55,935,415	170,15	55,765,265	54,751,553	1,013,712	1,183,862
Mental Health	155,815,379	152,562,813	(3,252,566)	155,815,379	154,037,292	1,778,087	(1,474,479)
Substance Abuse	47,733,526	47,516,299	(217,227)	47,733,526	46,622,440	1,111,086	893,859
Subtotal	278,410,811	275,122,811	(3,288,000)	278,410,811	274,310,811	4,100,000	812,000
Total	921,450,300	891,609,870	(29,840,430)	921,450,300	913,547,204	7,903,096	(21,937,334)

Ms. Zmuda reported this expenditure plan is fluid; so Commissioners are not being asked to support specific line items.

Dr. Katz is requesting support for this strategic direction and will make quarterly updates to the Commission.

Commissioner Guy noted this expenditure plan promotes budget cuts instead of a request for a supplemental. She cautioned the Department on the SFGH census being realistically reduced. She sees the demands to be increasing.

Commissioner Parker inquired whether this shortfall is similar with other hospital shortfalls.

Commissioner Hill commended staff for coming up with a very difficult plan.

> Action Plan: The Commission adopted Resolution #36-98, "Endorsing the Department of Public Health's Deficit Reduction Plan to Balance the FY 1998-99 Budget," (Attachment E).

9) PRESENTATION OF A PLAN TO ADDRESS DIVERSION

Dr. John Brown, Director of the Emergency Medical Services Agency, presented the Diversion Action Plan, (Attachment F).

Nathan Nayman of the Hospital Council also reported that representatives from the Hospital Council, the State Department of Health Services, and the Federal Health Care Financing Administration met to explore potential waivers. Mr. Nayman emphasized to the Commission that the fundamental problem is the shortage of critical care nurses.

Commissioners Chow, Hill and Barnes expressed their appreciation for the action plan and commended the EMS agency for effectively bringing the appropriate parties together.

Commissioner Barnes requested diversion statistics in the Director's Report through February 1999.

Commissioner Guy encouraged the Department to monitor and evaluate this action plan.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: **ANNIE TRUSTY V CCSF**
SUPERIOR COURT #991-985
PROPOSED SETTLEMENT OF $15,000

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   Action Taken: The Commission approved the proposed $15,000 settlement.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

   Action Taken: The Commission voted to not disclose any discussions held in closed session.

The meeting was adjourned at 7:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 34-98

APPROVING REVISIONS TO THE COMMUNITY HEALTH NETWORK'S SLIDING FEE POLICY FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, in 1995 the San Francisco Health Commission approved a revised sliding fee scale and program guidelines to standardize eligibility policies at the community oriented primary care health centers and San Francisco General Hospital for patients who, after thorough eligibility screening, are found to have no sponsorship and are indigent, or have limited income and would otherwise be unable to pay for the full costs for their medical services; and,

WHEREAS, the Department of Public Health approved the creation of one uniform sliding fee scale consistent with the creation of one network of community-based primary care and outpatient services; and,

WHEREAS, this sliding fee scale policy would apply to all patients who fall at or above 100% of the federal poverty level, the lowest income level where patients are assessed a share of cost; and,

WHEREAS, the Department proposes that the sliding fee scale policy be revised to include the monthly share of cost assessment for dental services rendered at the community oriented primary care health centers, and that while the same eligibility screening process is adopted, the dental sliding fee scale will be applied separately from the monthly medical sliding fee scale; and,

WHEREAS, the Department proposes that the Community Health Network of San Francisco adopt a $10.00 per month minimum share of cost for primary care and/or dental services that would be assessed to all patients with share of cost liability; and,

WHEREAS, San Francisco General Hospital may also assess a share of cost to patients being admitted electively or emergently, and to patients scheduled for ambulatory surgery, and those patients that fall between 100% and 160% of the federal poverty level with a minimum share of cost of $150.00 per episode; and,

WHEREAS, it is deemed that only residents of the City and County of San Francisco are eligible for sliding scale programs; and,

WHEREAS, any and all fees may be waived upon determination of severe financial hardship and that no medically necessary services will be denied because of inability to pay; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 34-98 (Cont'd.)

WHEREAS, patients who are eligible for benefit programs, including Medi-Cal, Healthy Families, other third party or any other coverage are required to utilize these benefit programs before being considered for sliding fee scale programs; now, therefore, be it

RESOLVED, that the San Francisco Health Commission adopts and approves the revised fee scales and program guidelines and authorizes the Director of Health to direct responsible staff to ensure that the programs are uniformly applied at all appropriate service sites.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

DPH Report on the 1998 State Legislative Session

This document provides a review and final status report for selected health-related legislation from the 1998 California legislative session, the second year of the 1997-1998 two-year session. The bills have been divided into major topic areas. The Appendix provides summary information on the legislative process as well as three legislative matrices. The first matrix presents the bills which were signed into law. The second matrix lists the bills that failed, either because they did not make it through the Legislature, or because they passed the Legislature but were vetoed by the Governor. Finally, the last matrix lists all of the enacted and failed bills by key phrase. The bill matrices indicate the City and County of San Francisco's position on bills, where taken. The City does not take positions on all health-related bills because not all tracked bills have a direct and clear impact on San Francisco.

Bills tracked by the Department are distributed to relevant members of the Department's Legislative Committee to assess their programmatic, fiscal and policy impact. The Department works with the Mayor's Office of Legislative Affairs and San Francisco's State lobbyist to adopt and advocate positions on legislation. Additionally, Department representatives participate in developing legislative policy with the California Association of Public Hospitals, the County Health Executives Association of California, the California HIV Surveillance Coalition, the California Immigrant Welfare Collaborative, and other organizations that represent the Department or its clients.

In total, 5,059 bills were introduced during the two-year legislative session. Of these, 2,886 bills won passage through both houses of the Legislature and made it to the Governor's desk. Ultimately, the Governor signed 2,031 bills into law, and vetoed 855 bills.

During the 1998 legislative year, two of the most significant issues addressed by the Legislature were use of the budget surplus and managed care reform. Both issues were monitored carefully by the Department.

The budget surplus was a major reason for the second longest budget stalemate the State has experienced. Many legislators and the Governor wanted to reduce taxes, including the realignment funding source, Vehicle License Fees. Other legislators wanted to focus on unmet needs, new and expanded programs to address them, and county fiscal relief. All were concerned about maintaining a healthy reserve for future shortfalls. Ultimately, everyone got some of what they wanted. As described in the State Budget section of this report, several issues which the Department prioritized in last year's State Legislative Report came to fruition, for example:

- Reduced the Disproportionate Share Hospital (DSH) administrative fee;
- eliminated the 33 1/3 percent State "takeback" for the Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) program;
- increased funding for the AIDS Drug Assistance Program;

- maintained skilled nursing facility reimbursement rates;
- insured no changes in the Section 17000 Welfare and Institutions Code county obligations; and
- prevented further restrictions in health care funding for undocumented residents.

Reform of managed care was the other major issue addressed by the Legislature in 1998. Over eighty managed care-related bills were introduced during the two-year session. Many of the bills were introduced in 1997, but did not move because the Governor announced that he would defer consideration of managed care bills until the Managed Health Care Improvement Task Force issued its report. The report was published in January 1998, and subsequently the Legislature passed approximately one third of the proposed managed care bills, of which the Governor signed approximately half. While most of the bills do not directly address Medi-Cal managed care, many impact the Department as a provider of care within the larger managed care setting. This report discusses in more detail those bills that have been signed into law and those that the Governor rejected.

Another issue of importance to the Department during the 1998 legislative session included attempts to amend the Healthy Families Program. The vast majority of the Health Families-related bills were not passed by the Legislature or were vetoed by the Governor because the Administration announced it was premature to make changes in the program before it is fully implemented.

In addition, there was a significant effort to pass legislation to create a non-names based HIV reporting system for California. After a broad coalition came to consensus on the need and best approach for developing an HIV surveillance system in California, AB 1663 (Migden) passed the Legislature, but was vetoed by the Governor. This legislation is critical for obtaining data necessary to plan for HIV services and for assessing prevention effectiveness, while insuring individuals are not deterred from seeking HIV testing, care, and services.

Finally, this document discusses legislative initiatives that the Department will pursue during 1999, the first year of the 1999-2000 State legislative session.

City and County of San Francisco **Department of Public Health**

Mitchell H. Katz, M.D.
Director of Health

MEMORANDUM

DATE: November 10, 1998

TO: Lee Ann Monfredini, President and members
San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: **Increasing Alternatives to Institutional Care**

Several recent developments lead me to recommend to the Health Commission that we adopt, as a strategic direction for the Health Department, increasing alternatives to institutional care. By institutional care I am referring to acute medical hospitalization (San Francisco General Hospital), chronic care hospitalization (Laguna Honda Hospital), and psychiatric hospitalization (San Francisco General Hospital, other acute hospitals, Mental Health Rehabilitation Facility (MHRF). The reasons for adopting this direction are operational, programmatic, and financial.

Operational

Our current institutional facilities have insufficient capacity to fulfill the needs of San Francisco residents. The Commission has heard several presentations about the limitations of the physical plant of Laguna Honda Hospital (LHH). We are currently under a negotiated settlement with HCFA that requires we voluntarily reduce the census to 1065 beds (from a prior high of 1193 beds). This reduction in census has reduced our capacity to take new admissions from San Francisco General Hospital (SFGH) resulting in SFGH often being full and having to go on diversion earlier. While SFGH is a much newer facility than LHH, it is 20 years old and requires renovations in several areas. Currently, all wards are full. While we could theoretically increase the number of acute care beds or skilled nursing beds by displacing outpatient clinics and physician offices that are currently on hospital wards, there is currently no alternative site for these facilities. Similarly, the Mental Health Rehabilitation Facility is at full capacity.

Although our facilities are at full capacity, the need for our institutional services appears to keep growing. For example, for the last three years we have increased our acute bed census at SFGH. Despite these increases, we have filled up these beds, and have been on diversion an equal or greater period of time than in prior years. At this Commission meeting you will also hear an update on the diversion issue.

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(415) 554-2600 101 Grove Street San Francisco, CA 94102

Programmatic

Nationally and locally, the trend in health care is away from institutional care. This movement is especially strong among advocates for the elderly and the disabled community. Given a choice, most persons needing chronic care would prefer to stay in their homes assuming that they have a home and that sufficient services can be provided. The Commission has already heard a report from the Long Term Care Planning Task Force, which recommends establishing a variety or alternatives to institutionalization.

In the acute care setting, the national and local trend is to discharge patients when they are able to be discharged and provide them with the needed services to recuperate at home. However, at SFGH we often have patients who stay in the hospital beyond the time that they need to stay in the hospital because they do not have a home to go to or their needs at discharge are more complicated than most patients. Such patients are decertified from Medical (if they have Medical). Beyond this, because we are unable to discharge these patients, we are unable to take new patients, worsening diversion and preventing us from accepting patients from whom we would receive higher reimbursement (because we would obtain MediCal's full acute care rate instead of an administrative day.)

Financial

As you will hear at this Commission meeting, we are anticipating a revenue shortfall for this fiscal year of a minimum of 16 million dollars. The specifics of the revenue shortfall will be discussed and proposed immediate solutions brought to you for your approval at this Commission meeting.

What I can say, in general terms, is that the revenue shortfall is almost entirely due to our institutional care. We simply do not have enough dollars to operate our facilities at our current level of expenditures. Many of the proposed immediate solutions that you will hear today (e.g., hiring plans, deferment of equipment and capital improvements) will not be successful long term strategies, since we cannot delay hiring new positions nor defer equipment and capital improvements indefinitely. While pursuing short term remedies, we need to have a strategic direction for developing a long term solution.

With regard to a permanent financial solution, it is worthwhile to ask what is the universe of possible long term solutions to this problem. The universe of solutions is: a) eliminate specific units that generate the largest financial losses, b) "reengineer" our existing facilities, c) pursue new revenue sources, d) downsize our facilities, or e) decrease the need for institutional services by developing alternatives to them. As I hope you will agree several of these solutions are inconsistent with our mission or unlikely to be successful.

a) **Eliminate specific units.** Two of our hospital units that generate the large financial losses are pediatrics and obstetrics. The reason is that we must maintain minimum levels of staffing even when these wards are not at full capacity. Since the census on these services has been running low, the difference between what it costs us to run them and the revenue they generate is large.

However, it would be inconsistent with our mission to provide access to care to all to stop providing care to children and pregnant women. This does not strike me as a viable option.

b) "Reengineer" our existing facilities. The Health Department recently completed a reengineering plan with the help of the Deloitte and Touche consulting group. While some cost savings were achieved, they were relatively small. Because most of the Health Departments costs are personnel, and most of our personnel costs are specified through the City's MOU agreements (with regard to salary, benefits, and staffing requirements) "reengineering" is unlikely to yield large savings. Those opportunities that were available were taken as part of the collaborative efforts with Deloitte and Touche. Nonetheless, the Health Department will continue to try to make our operations as efficient as possible.

c) Pursue new revenue sources. Unquestionably, one of the strengths of the Health Department has been our ability to pursue new revenue sources. In fact, the collaboration with Deloitte and Touche was more successful at developing new revenues than in decreasing our expenses. We currently have multiple contracts designed to maximize our revenue. Unfortunately, at this point, I fear we are more likely to lose than to gain new revenue. Disproportional share revenues of $56 million will be reduced by 20% by the year 2002. Federally Qualified Health Center (FQHC) revenue is not expected to be a long term revenue source. Currently FQHC provides $24 million of revenue to the Department. However, it is projected to decrease by a minimum of 20% over the next three years. The repeal of the Boren amendment allows a decrease in our Medical reimbursement for LHH. Even without a decrease in the rate of reimbursement, maintenance of the existing Medicaid rates is a *de facto* decrease in revenue. Specifically, during the last five years Medicaid rates for LHH have been frozen while our costs have been increasing. The result is a larger revenue short fall each year. Further, our recent efforts to improve social dining and the frequency of activities at LHH have resulted in substantial increases in our cost of caring for persons at LHH.

The Health Department will continue to pursue increases in revenue. At this Commission meeting, as part of our finance report, you will hear about possible new sources of revenue. But at this point it looks unlikely that we will be able to make up the difference between our expenses and our revenues through new non-City revenues. Certainly, the Commission and the Department can work with the Mayor and the Board of Supervisors to close future year gaps with general fund, but we must be realistic about the likelihood of a substantial increase in general fund for institutional care. At a minimum, this would certainly make it less likely that other priorities (e.g., substance treatment, mental health expansion, housing opportunities) would get funded.

d) Downsize our facilities. Downsizing our facilities would save general fund dollars, but if we are unable to simultaneously decrease the need for services, we are unlikely to fulfill our mission of providing care for all who need it. Also, since our institutional beds do have reimbursement, albeit insufficient reimbursement to meet our expenses, downsizing our facilities would require a substantial decrease in beds to achieve general fund savings. Because of our current financial situation we will not be able to expand SFGH as much as we had hoped. Downsizing our facilities is an unattractive option, but may be necessary if we cannot improve payer mix.

e) **Decrease the need for institutional services by developing alternatives to them.** Beyond the operational and programmatic benefits of developing alternatives to institutionalization, if we are successful in creating alternatives to institutional services, we may be able to decrease need. This would enable us to either improve our payer mix thereby not requiring any downsize of our facilities or allow us to downsize our facilities without harm to our residents. Payer mix is important in at least two ways. At the current time, when SFGH is full, we have no choice but to send compensated patients to other institutions. If we were able to decrease the need of indigents for institutional services, we could admit these patients. Second, for patients with Medical, if we could decrease the number of decertified days by providing alternative services, we could fill the bed with a Medical patient who has a need for acute hospitalization which pays a substantially higher rate.

For patients who are at LHH or at risk of needing a facility like LHH, if we could develop alternatives to LHH, we would free beds that could be used to move patients from SFGH to LHH. This would increase capacity at SFGH by improving payer mix and decreasing the need for diversion. For patients with psychiatric problems, since we now have a capitated system, developing alternatives to psychiatric hospitalization would enable us to save funds while providing care in a more appropriate setting.

Possible Alternatives to Institutionalization

At this point, I am looking for policy approval to adopt alternatives to institutionalization as a strategic direction for the Health Department. If the Commission is in support of this direction I would bring specific proposals to the Commission for approval. Some of the strategies can be accomplished within this budget year by better integrating our services. Other strategies can only be implemented in the new budget year with Commission approval. At this point, I would like to give some examples of the type of proposals we would bring to the Commission if the direction is approved.

Decrease the length of stay at our institutions

Over the past year, the length of stay at SFGH has increased by 4%. Length of stay has increased from 4.9 to 5.2 days on the Medicine service, from 5.9 to 6.3 on the Family Medicine service, and 12.1 to 12.8 on the Psychiatry service. Many of these patients could be discharged if we had a sufficient number of appropriate alternative settings. For example, it may be useful to develop a 10-20 bed respite care facility that can accommodate patients for 1-2 weeks who do not need acute hospitalization, but have no home at which they can recuperate. Such patients would receive home care through our home care agency.

Even without developing new programs, the Department believes it might be possible to immediately begin to discharge patients at the appropriate time by focusing our resources as a Department on this problem. For example, although Population Health and Prevention have excellent substance treatment, mental health, housing, and AIDS/HIV programs, we have never specified that patients in institutional settings at SFGH or LHH should be the first priority of these programs. However, we can potentially begin to better integrate our resources by immediately implementing focused attention on patients in our institutions. Similarly, there may be some patients who can be moved more appropriately within our institutions by closely examining patients at SFGH, LHH, and the MHRF. Jimmy Loyce, the Director of the Office of Integrative Care, will be convening a front line clinical group and a policy group to maximize our use of our resources. Depending upon the success of these pilot efforts, we would bring proposals to the Commission for filling unmet needs of patients for alternative sites of care.

Decrease the need for inpatient admission

The Commission has been briefed about the success of the Emergency Department (ED) High Frequency Users program. This program has focused on patients who had frequent visits to the ED and has provided them with ongoing case management and referrals for services. The evaluation of this program has shown that it has been successful in reducing the need for repeat ED visits. A similar program may be successful for inpatient admission. For example, it may be useful to focus on persons who have had repeated hospitalizations (e.g., more than 3) in the prior 6 months. For them, we could develop a case management program that would include adherence to medication, helping people to keep primary care visits (e.g., bus tokens, taxi vouchers), and help with housing, substance treatment, and mental health services.

Concluding considerations

For some of these strategies to be financially successful, we would need to focus on indigent persons. For example, a case management program to decrease the need for hospitalization would be only partially covered by Medical (50%). Therefore, development of such a program for Medical patients would result in additional expenses but only 50% reimbursement. Thus for Medical patients we need to continue our efforts to obtain waivers to gain greater flexibility in terms of how we spend Medical funds so that we can be fully reimbursed. However, for indigent patients, we do not need a waiver because we already have the ability to spend our funds in the most rational way possible. In the case of LHH, alternative strategies may work for both indigent and Medicaid persons. Currently, we pay a substantial patch to Medicaid to provide services at LHH (about $70.00). If we can keep a patient in an alternative setting for less than $70.00 a day, this may be a useful strategy even if Medical does not cover the service, especially if discharging that patient allows a new patient from SFGH to go to LHH, thereby freeing a bed for an acute stay Medical patient.

It is important to me that everyone understands that this strategy is in no way anti-institution. SFGH, LHH, and the MHRF are much needed, high quality institutions that exist to serve the needs of SF residents. However, the financial solvency of these programs depends on our being able to use these high end resources in a prudent way. Second, these strategies are not meant in any way to deny persons needed services. The goal is to provide the appropriate medical service in the least restrictive setting.

Similarly, I want our staff at these institutions to know that these strategies will not be pursued with layoffs. Layoffs are disruptive to the morale of our staff and negatively impact patient care. If the strategies succeed in improving payer mix (for, example, by decreasing decertified days) no decrease in our workforce will be necessary. Moreover, the institutions currently rely on registries, overtime, and in house per diem (P103) nursing hours (extra hours that permanent nurses in our system work) to fully staff the increased census. Thus we can make some reductions in institutional use without adversely affecting our workforce.

In this regard, when these ideas have been presented at staff meeting, people have asked how we would make the necessary up-front investments to create alternative programs. I have said that if the Commission approves the policy direction we could develop proposals for the 1999-00 budget that were effectively cost neutral by tying up-front investments to decreases in registry, overtime, and P103 hours at our institutions.

Although this is the first time I have brought this specific strategic direction to the Commission, several recent Health Commission actions fit nicely with this direction. The Commission has supported our expansion of our home health agency. Clearly, our Health at Home agency will be a key tool in enabling our clients to stay in their homes or other alternative settings. Second, the Commission supported the Long Term Care Task Force report, which recommends creation of alternatives to institutionalization.

I have attached a resolution for the Commission's consideration and look forward to your comments and recommendations.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 35-98

SUPPORTING A STRATEGIC DIRECTION OF DEVELOPING ALTERNATIVES TO INSTITUTIONAL CARE AND REQUESTING THE DEPARTMENT TO DEVELOP SPECIFIC PROPOSALS TO DECREASE INSTITUTIONAL CARE AND INCREASE ALTERNATIVE PROGRAMS.

WHEREAS, the institutional facilities operated by the San Francisco Department of Public Health are at full capacity; and,

WHEREAS, most persons prefer to be in a non-institutional settings if they do not need institutional care, but the Department often cannot discharge persons from our institutions because of a lack of appropriate alternative settings; and,

WHEREAS, providing care in alternative settings will be more cost-effective, resulting in cost savings that can be used to support a variety of programs within the Health Department; now, therefore, be it

RESOLVED, that the Health Commission supports the strategic direction of developing alternatives to institutional care; and, be it

FURTHER RESOLVED, that the Health Commission directs the Department to bring forward specific proposals that would maintain appropriate levels and quality of care, and generate cost savings by decreasing our reliance on institutional care.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 36-98

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH'S COMMITMENT TO BALANCE THE 1988-99 BUDGET WITHIN INTERNAL RESOURCES, AND SUPPORTING THE DEPARTMENT'S PLAN TO REDUCE EXPENDITURES FOR THE CURRENT YEAR

WHEREAS, revenues at San Francisco General Hospital were lower than budgeted in FY 1997-98 because of reduced Medi-Cal and Medicare payments and because of increased uncompensated care which is unreimbursed; and,

WHEREAS, the budget for FY 1998-99 maintained the prior year revenue estimates at SFGH which results in overstatement of revenues to the hospital for the current year; and,

WHEREAS, the plans of correction to the Department of Justice and the State Department of Health Services mandated a reduction of census at Laguna Honda Hospital, which further erodes Medi-Cal and Medicare revenues at the Community Health Network; and,

WHEREAS, the Department projects an annual revenue shortfall of between $16 and $22 million for the current fiscal year, which needs to be managed; and,

WHEREAS, the Department is committed to reducing the shortfall by managing its expenditure budget and reallocating funds across the Department; and,

WHEREAS, the Department has presented a plan to reduce the shortfall by imposing a hiring freeze, deferring equipment and capital expenditures, deferring selective new programs and initiatives, reducing non-critical expenditures in other accounts including contractual services, materials and supplies, finance and Management Information System, (MIS); and,

WHEREAS, the plan also includes increasing revenues through expanded Medi-Cal eligibility efforts, renegotiating our per diem Medi-Cal reimbursement for acute care, and expanding the Medi-Cal Administrative Claiming Program throughout the Department; and,

WHEREAS, the Department has also proposed a long term strategy to reduce reliance on expensive acute care services and expand the use of community based and non-institutional care in order to bring our revenues in line with expenditures, and,

WHEREAS, the Health Commission supports the Department's short term and long term plan to balance the current year and future budgets; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 36-98 (Cont'd.)

RESOLVED, that the Health Commission endorses the Department's commitment to close the current year gap between revenues and expenditures within internal resources, and supports the Department's expenditure reduction plan for the current year; and, be it

FURTHER RESOLVED, that the Health Commission supports the Department's commitment to develop long term strategy to bring expenditures in line with its actual revenue collections.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 17, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: November 12, 1998

TO: Lee Ann Monfredini, President and members
San Francisco Health Commission

FROM: Mitchell H. Katz, M.D. Mitchell Katz mo
Director of Health

RE: **Update on the Diversion Action Plan**

We are pleased to provide this update of the Diversion Action Plan to the Health Commission. Three major steps to decrease San Francisco's diversion rate have been completed:

1. A Letter of Agreement has been signed with the Hospital Council—San Francisco Section Concerning Critical Care (CC) Diversion during the period December 1st, 1998 and February 28th, 1999. As an interim policy during this period of time, CC Diversion Suspension will be initiated when any 3 Receiving Hospitals request CC Diversion. The period of diversion suspension will routinely last for 24 hours plus the number of hours that it takes to reach 8 am on that day. This means that the duration of routine CC Diversion suspension will be a minimum of 25 and a maximum of 47 hours.

Our current policy is that CC Diversion occurs when 5 Receiving Hospitals request CC Diversion. Diversion is suspended until at least one hospital goes off diversion. This new policy will result in substantially lower rates of diversion during the winter months than we would experience if we were to leave our policy unchanged. We anticipate that it will help hospitals by giving them a more reliable time frame to implement their diversion-avoidance strategies, and will link their diversion status into the daily staffing patterns and the potential ability to bring in additional staff during a diversion situation. This will help the EMS system manage diversion better by providing a more predictable time period of diversion suspension activity.

The processes for initiating and terminating diversion suspension utilizing EMS Section staff on call remain unchanged, as does the Total Diversion section of the policy. We have committed to ongoing monitoring of the system and the potential effects of smaller facilities triggering periods of diversion suspension, and to a formal re-evaluation of the interim policy in March 1999 to determine its effect on diversion.

2. The Department of Public Health and the Hospital Council have moved forward with Prevention campaigns in the area of increasing public awareness of the importance of influenza

Attachment F
Page 1 of 2

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vaccination and improving access to it. The San Francisco Medical Society has agreed to enlist its membership in promoting vaccination and increasing patient education on the appropriate use of Emergency Departments and Emergency Services in an attempt to both prevent initial illness and improve appropriate utilization of emergency resources. We expect these measures to improve resource availability for triage of critical care patients to a lower level of care when appropriate.

3. The Receiving Hospitals have agreed to a standardized set of Critical Care Diversion Principles which not only establish a standard among hospitals for initiating a diversion status but more importantly set a plan of action to decrease the length of time on diversion. This will also improve the EMS Section's ability to monitor diversion activity and potentially assist hospitals with the determination of disaster status and state notification.

The State EMSA final report on Hospital Overcrowding and Ambulance Diversion is due out at the end of this month and acknowledges the severity of the issue, along with providing explicit guidelines for diversion/disaster planning which are incorporated into the diversion principles listed above. New to the statewide process are two strategies:

4. The utilization of a comprehensive surveillance tool for emergency facilities in Southern California that will assist with the determination of critical data and linkages which will predict demand for emergency services and provide models for the effect of infectious disease on EMS systems.

5. The definition of individual hospital response strategies for saturation, which provide the means for more rapid determination of hospital status by the Department of Health Services, and the potential need to modify staffing patterns and deploy disaster resources to assist local facilities.

Our ongoing monitoring of the City's diversion status have shown a trend downwards in diversion hours during the month of October, 1998, with no periods of diversion suspension. We believe this is an indication of increased attention and effort on the part of all system participants to decrease the use of diversion.

We will continue to work on the other strategies for diversion avoidance as listed in our previously presented Diversion Action Plan. We anticipate that the measures listed above will significantly contribute to a lessening of diversion activity this winter.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
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Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

/1/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

December 1, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 17, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) Central Administration-Finance – Request for approval of a resolution authorizing San Francisco General Hospital to accept and expend a gift of $243,670, and for Laguna Honda Hospital to accept and expend a gift of $82,809, both from John Fortunio.

(3.2) CHN – Request for approval of new contracts with Acker & Guerrero Roofing, Anderson Carpet & Linoleum, Floortrends, Monticelli Painting, Sabel Painting, Baca & Sons Painting, Robert W. Poyas Landscaping, John J. Shooter Landscaping, Agbayani Construction, McClure Electric, Sierra Electric, Pribuss Engineering, Ayoob & Peery Plumbing, Adolph Schmidt General Contractors and Angotti & Reilly, Inc., for the provision of supplemental Tradespersons and Maintenance Project Services for a combined amount not to exceed $3,000,000 for the period December 1, 1998 through June 30, 2000.

(3.3) PH&P-CHS-Housing – Request for approval of new contract with Episcopal Community Services in the amount of $1,455,858 for the provision of supportive housing to homeless people at the Pacific Bay Inn for the period of December 1, 1998 through June 30, 2000.

(3.4) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a contract with Alameda County Health Care Services Agency in the amount of $825,180 for the provision of neuro-behavioral care through the regional Organic Brain Syndrome (OBS) program and treatment for adolescents through the Sub-acute Treatment for Adolescents with Rehabilitation Services (STARS) programs for the period of July 1, 1998 through June 30, 1999. (DHP contracted with Alameda County for services totaling $332,628 during FY 1997-98).

(3.5) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a contract with Seneca Center in the amount of $1,084,656 for the provision of Alternatives Unlocked Treatment Unit and Locked Sub-acute Treatment Unit for adolescents, for the period of July 1, 1998 through June 30, 1999. (DHP contracted with Seneca for services totaling $938,446 during FY 1997-98).

(3.6) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with Japanese Community Youth Council, Inc. (JCYC) in the amount of $609,577 for the provision of substance abuse prevention services to Asian American youth for the period of July 1, 1998 through June 30, 2002. (DPH contracted with JCYC for services totaling $591,822 during FY 1997-98).

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of second modification to the contract with Westside Community Mental Health Center, Inc. (WCMHC) for the provision of mental health and substance abuse services for the CalWORKS program in the amount of $396,416 for the period of December 1, 1998 through June 30, 1999. The total amount of this contract, including this modification is $829,999. Term of contract is May 1, 1998 through June 30, 1999. (DPH contracted with WCMHC for services totaling $11,784,134 during FY 1997-98).

(3.8) **PH&P-CHS-MH & SAS** – Request for approval of retroactive multi-year renewal contract with Center for Human Development, Inc. (CHD) in the amount of $126,367 per year for the provision of substance abuse prevention and education services to youth in San Francisco schools for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CHD for services totaling $148,019 during FY 1997-1998).

(3.9) **PH&P-CHS-MH & SAS** – Request for approval of new site at 474 Valencia Street and first modification to the multi-year renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. (MCAA) to increase the amount by $453,334 per year for the provision of family day treatment, aftercare and outpatient substance abuse services for the period of December 1, 1998 through June 30, 2002. The total contract amount including this modification is $770,998 for fiscal year 1998-99. (DPH contracted with MCAA for services totaling $308,412 during FY 1997-98).

(3.10) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with National Council on Alcoholism and Other Drug Addictions-Bay Area (NCA) in the amount of $196,564 per year for the provision of substance abuse outreach, assessment, information, referral, education and prevention to adults and youth for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NCA for services totaling $190,839 during FY 1997-98).

(3.11) **PH&P-CHS-MH & SAS** – Request for approval of retroactive sole source and renewal contract with Mt. St. Joseph - St. Elizabeth/Epiphany Center (MSJ-SE) in the amount of $315,000 per year for the provision of outpatient substance abuse treatment services to women, their children and families for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MSJ-SE for services totaling $$400,000 during FY 1997-98).

(3.12) PH&P-CHS-Mental Health – Request for approval of retroactive Annual Renewal Contract with Family Mosaic Project contractor in the Amount of $268,300 to Contract for Services for the Period of July 1, 1998 through June 30, 1999 through the following Agency: Victor Treatment Centers.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) A. **CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS**

   1) **Dental/Oral Maxillofacial Surgery**
   2) **Dermatology**
   3) **Family and Community Medicine**
   4) **Neurology**
   5) **Ophthalmology**
   6) **Radiology**
   7) **Urology**

B. **CONSIDERATION OF ADMINISTRATIVE POLICIES AND PROCEDURES**

   1) **Patient Transfer of Other Acute Care Facilities**
   2) **Consent for Medical and Surgical Procedures**
   3) **Management of Pain in the Cancer Patient**
   4) **Telephone Calls by On-Call Physicians**
   5) **Telephone Lines, restricted/Unrestricted**
   6) **Advance Directive/Patient Wishes Progress Note**

6) **PRESENTATION OF THE ANNUAL DEPARTMENT OF PUBLIC HEALTH 1997-1998 AFFIRMATIVE ACTION REPORT**

7) **CONSIDERATION OF A RESOLUTION FOR LEAD ORDINANCE COMPLIANCE**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

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* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE: DENNIS TODD ROBERTS V. CCSF ET AL
CASE NO. 985-362
$15,000 PROPOSED SETTLEMENT

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

/1/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 1, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:15 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Debra A. Barnes Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 17, 1998

Action Taken: The Commission unanimously adopted the minutes of November 17, 1998.

Special Guests:

Tony Wagner, Executive Administrator of the Community Health Network, introduced the internationally known chef Martin Yan, the author of 20 cook books, and Catherine Wong, R.D., nutritionist at the Chinatown Public Health Center. Chef Yan and Ms. Wong are co-authors of a new 80-page, bilingual Chinese and English cook book, which is a product of the "Lean to Health: Low Fat Chinese Cuisine" campaign. This campaign emphasizes public education and promotion of healthy eating in order to lower heart disease and cancer risks. Sample cook books were presented to the Commissioners and Dr. Katz.

Commissioner Chow thanked the guests for their unique collaboration in the community to promote healthy eating.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Note: Commissioner Parker attended the Budget Committee.

(3.1) **Central Administration-Finance** – Request for approval of a resolution authorizing San Francisco General Hospital to accept and expend a gift of $243,670, and for Laguna Honda Hospital to accept and expend a gift of $82,809, both from John Fortunio.

(3.2) **CHN** – Request for approval of new contracts with Acker & Guerrero Roofing, Anderson Carpet & Linoleum, Floortrends, Monticelli Painting, Sabel Painting, Baca & Sons Painting, Robert W. Poyas Landscaping, John J. Shooter Landscaping, Agbayani Construction, McClure Electric, Sierra Electric, Pribuss Engineering, Ayoob & Peery Plumbing, Adolph Schmidt General Contractors and Angotti & Reilly, Inc., for the provision of supplemental Tradespersons and Maintenance Project Services for a combined amount not to exceed $3,000,000 for the period December 1, 1998 through June 30, 2000.

(3.3) **PH&P-CHS-Housing** – Request for approval of new contract with Episcopal Community Services in the amount of $1,455,858 for the provision of supportive housing to homeless people at the Pacific Bay Inn for the period of December 1, 1998 through June 30, 2000.

(3.4) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a contract with Alameda County Health Care Services Agency in the amount of $825,180 for the provision of neurobehavioral care through the regional Organic Brain Syndrome (OBS) program and treatment for adolescents through the Sub-acute Treatment for Adolescents with Rehabilitation Services (STARS) programs for the period of July 1, 1998 through June 30, 1999. (DHP contracted with Alameda County for services totaling $332,628 during FY 1997-98).

(3.5) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal of a contract with Seneca Center in the amount of $1,084,656 for the provision of Alternatives Unlocked Treatment Unit and Locked Sub-acute Treatment Unit for adolescents, for the period of July 1, 1998 through June 30, 1999. (DHP contracted with Seneca for services totaling $938,446 during FY 1997-98).

(3.6) **PH&P-CHS-MH & SAS** – Request for approval of retroactive renewal contract with Japanese Community Youth Council, Inc. (JCYC) in the amount of $609,577 for the provision of substance abuse prevention services to Asian American youth for the period of July 1, 1998 through June 30, 2002. (DPH contracted with JCYC for services totaling $591,822 during FY 1997-98).

(3.7) **PH&P-CHS-MH & SAS** – Request for approval of second modification to the contract with Westside Community Mental Health Center, Inc. (WCMHC) for the provision of mental health and substance abuse services for the CalWORKS program in the amount of $396,416 for the period of December 1, 1998 through June 30, 1999. The total amount of this contract, including this modification is $829,999. Term of contract is May 1, 1998 through June 30, 1999. (DPH contracted with WCMHC for services totaling $11,784,134 during FY 1997-98).

(3.8) **PH&P-CHS-MH & SAS** – Request for approval of retroactive multi-year renewal contract with Center for Human Development, Inc. (CHD) in the amount of $126,367 per year for the provision of substance abuse prevention and education services to youth in San Francisco schools for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CHD for services totaling $148,019 during FY 1997-1998).

(3.9) PH&P-CHS-MH & SAS – Request for approval of new site at 474 Valencia Street and first modification to the multi-year renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. (MCAA) to increase the amount by $453,334 per year for the provision of family day treatment, aftercare and outpatient substance abuse services for the period of December 1, 1998 through June 30, 2002. The total contract amount including this modification is $770,998 for fiscal year 1998-99. (DPH contracted with MCAA for services totaling $308,412 during FY 1997-98).

(3.10) PH&P-CHS-MH & SAS – Request for approval of retroactive renewal contract with National Council on Alcoholism and Other Drug Addictions-Bay Area (NCA) in the amount of $196,564 per year for the provision of substance abuse outreach, assessment, information, referral, education and prevention to adults and youth for the period of July 1, 1998 through June 30, 2002. (DPH contracted with NCA for services totaling $190,839 during FY 1997-98).

(3.11) PH&P-CHS-MH & SAS – Request for approval of retroactive sole source and renewal contract with Mt. St. Joseph - St. Elizabeth/Epiphany Center (MSJ-SE) in the amount of $315,000 per year for the provision of outpatient substance abuse treatment services to women, their children and families for the period of July 1, 1998 through June 30, 2002. (DPH contracted with MSJ-SE for services totaling $$400,000 during FY 1997-98).

(3.12) PH&P-CHS-Mental Health – Request for approval of retroactive Annual Renewal Contract with Family Mosaic Project contractor in the Amount of $268,300 to Contract for Services for the Period of July 1, 1998 through June 30, 1999 through the following Agency: Victor Treatment Centers.

> Commissioner Sanchez stated the present Board is out of compliance with Policy #24 and encouraged the agency to expand its Board. He requested the contractor to return with a letter indicating a plan for compliance in 45 days (January 15, 1999).
>
> Commissioner Parker stated that an agency who does not want to comply with Policy #24 should not apply for a contract.

Commissioner Sanchez, Budget Committee Chairman, requested the Department and contractors to include appropriate documents in the Commission packet, not on the day of the Commission meeting. Contracts not including appropriate documents will be held over to the next meeting.

President Monfredini commented on #3.5, the Seneca contract, that its Board membership of six should be increased, given the amount of the contract.

Commissioner Chow and President Monfredini requested the Department to look into the idea of acknowledgement letters from the Commission President to the donor of individual gifts to the Department.

> Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific requests of Commissioners.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Long-Term Care Pilot Project

I am pleased to report that the Department has secured second year funding for the Long-Term Care Pilot Project. The grant was awarded by the California HealthCare Foundation and covers the time period January 1, 1999 to December 31, 1999. The grant funds are necessary for San Francisco to complete its planning for an improved long-term care services delivery system for frail elderly and disabled residents. In the second year of planning, the Task Force will:

- explore and resolve the governance structure,
- develop administrative structures and functions,
- work with the State to create an expenditure and service utilization database, and,
- resolve and obtain waiver authority needed for fee-for-service managed care.

We would like to acknowledge the support of The California Endowment, which funded the first year of planning activity.

SFHP IHSS/Healthy Workers Insurance Program Update

The San Francisco Health Plan's application for the IHSS/Healthy Workers Program license remains under review at the Department of Corporations (DOC).

The DOC has indicated it is concerned that the Healthy Workers Program does not offer dependent coverage.

SFHP has submitted its response to the DOC, noting that providing dependent coverage for this population could affect the relationship between the provider and the client, as well as the client's Medi-Cal benefits, because the provider of service is often a blood relative of the client. SFHP also argued that since most of the IHSS workers are medically indigent, they will be unable to pay for dependent coverage, thus offering coverage is of little real value.

Conditions at the DOC are in flux because of the pending change of Governors and the increased scrutiny recently focused on the licensing of health care service plans.

The DOC has until approximately the third week in December to respond. SFHP cannot begin marketing the IHSS/Healthy Workers Program until approval is obtained. Although a start date cannot be accurately predicted, the DOC examiner handling this application is enthusiastic about the program and a February 1, 1999 start date is not unrealistic.

POPULATION HEALTH AND PREVENTION

California Endowment Application

A proposal jointly developed by the Department of Public Health and the Mental Health Contractors Association has been submitted to the California Endowment to support the expansion and evaluation of mental health services to people without insurance.

The proposal would enable us to achieve our goal of providing a single standard of mental health care, and it is consistent with priorities of the CommunitiesFirst initiative from the California Endowment. CommunitiesFirst includes improved access to health care, community innovation in the provision of services, improvement in community health and well being and promotion of multicultural health. The proposal includes an evaluation component that will focus on clinical, population and system outcomes. I have provided a copy of the proposal for each of the Health Commissioners.

CHIPPS

The Department's Community and Home Injury Prevention Program for Seniors (CHIPPS) was honored at the American Public Health Association (APHA) meeting by being asked to participate in a special Poster Session. The session was organized for runners-up in the Archstone Foundation Award Program for Excellence in Program Innovation. Michael Radetsky presented on "Injuries to Seniors: Defining the Problem and Prioritizing Prevention Strategies."

COMMUNITY HEALTH NETWORK

Laguna Honda Passes Resurvey

On November 18, the Healthcare Financing Administration (HCFA) notified Laguna Honda that as a result of the resurvey the Hospital was found to be in substantial compliance with Federal requirements. Therefore, the reimbursement revenue stream will continue uninterrupted, and none of the penalties mentioned in earlier correspondence will be imposed. I wish to commend all of the staff at Laguna Honda for their ongoing efforts to continue providing quality care to the residents during this intense 10 month survey process. The Hospital is scheduled for its next annual survey in March 1999.

Threat to Teaching Facilities from Medi-Cal Interpretation of Billing Regulations

Late last year, the U.S. Department of Justice and the California Attorney General's Office opened an investigation into the billing practices of San Francisco General Hospital. The investigators told the City Attorney and staff that this is a standard Physicians At Teaching Hospitals ("PATH") audit. During this investigation, it was discovered that Medi-Cal takes a very different view than San Francisco of the ability of hospitals to bill for medical services rendered by physician residents to Medi-Cal patients in outpatient settings. The resolution of this issue will have serious financial implications for all teaching hospitals in California.

Title 22, section 51509(g)(1)(A) of the California Code of Regulations specifically allows hospitals to bill Medi-Cal for outpatient services rendered by "interns, residents or hospital-compensated physicians." Thus, there is clear authority for hospitals to bill Medi-Cal for outpatient professional services rendered by residents.

Medi-Cal is insisting, however, that section 51503(1), which relates to billing by teaching physicians, supersedes section 51509 by imposing a requirement that the teaching physician be physically present in the room while the resident provides the service.

We believe this position is wrong legally. In addition, it serves no valid public policy since it would penalize teaching hospitals by requiring two professionals to participate in every outpatient medical encounter while paying for only one.

Should San Francisco lose this argument, Medi-Cal appears poised to implement the change retroactively. While this would be a devastating financial blow to San Francisco General Hospital, the effect would not be limited to San Francisco. We would expect Medi-Cal to open similar investigations at every teaching facility. Thus, the outcome of this dispute could seriously undermine the ability of California medical facilities to continue to operate as teaching centers.

We have requested a meeting with Medi-Cal and the Attorney General's Office to discuss this matter. To make that presentation as effective as possible, we are seeking the support of other teaching hospitals.

Expanded Social Work Coverage in the Emergency Department
The Medical Social Work Department of SFGH is please to announce expanded social work coverage in the Emergency Department as of December 1st, 1998. Medical Social Workers will now be available to E.D. patients and their families for 16 hours a day, 7 days a week.

The E.D. Social Work staff is comprised of Medical Social Workers with experience in violence and hate crimes, trauma, substance abuse, and women and children's services. The services of the social worker is available to patients admitted to the E.D., their significant others, and their families.

Primary Care Community Health Center Site Visits
Anthony Wagner conducted a round of site visits to the following Health Centers: Silver Avenue, Southeast Health, Ocean Park, Chinatown, Tom Waddell, Maxine Hall, Potrero Hill and Castro-Mission. One of the overriding concerns raised by Center Directors and other staff was the need for capital funds to improve the physical plant of the Centers.

Tony joined Commissioner Harrison Parker in meeting with the Advisory Board of Southeast Health Center to review a number of concerns they had raised previously with Center management staff. Jackie McWright is serving as Southeast Interim Director until a new Director and a Medical Director for the Center are hired.

5) A. CONSIDERATION OF PROPOSED REVISIONS TO THE SFGH CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS

1) **Dental/Oral Maxillofacial Surgery**
2) **Dermatology**
3) **Family and Community Medicine**
4) **Neurology**
5) **Ophthalmology**
6) **Radiology**
7) **Urology**

The above mentioned Clinical Service Rules and Regulations were recommended for approval, as required in the Bylaws Article XI, by the Quality and Utilization Management Committee on October 28, 1998, by the Medical Executive Committee on November 9, 1998, and by the Joint Conference Committee-SFGH on November 10, 1998. The accompanying Privilege Sheets were also approved by the Credentials Committee on October 16, 1998.

Action Taken: The Commission approved the revisions to the above referenced SFGH Clinical Service Rules and Regulations and Privilege Sheets.

B. CONSIDERATION OF SFGH ADMINISTRATIVE POLICIES AND PROCEDURES

1) **Patient Transfer of Other Acute Care Facilities**
2) **Management of Pain in the Cancer Patient**
3) **Telephone Calls by On-Call Physicians**
4) **Telephone Lines, restricted/Unrestricted**

The above mentioned Administrative Policies were reviewed and recommended for approval by the Joint Conference Committee-SFGH on November 10, 1998.

Action Taken: The Commission approved the SFGH Administrative Policies and Procedures.

President Monfredini reminded the Department staff not to forget the CPR issue.

6) PRESENTATION OF THE ANNUAL DEPARTMENT OF PUBLIC HEALTH 1997-1998 AFFIRMATIVE ACTION REPORT

Gloria Louie, Manager of Equal Employment Opportunity and Affirmative Action Programs, presented the Annual Report (Attachment A).

Ms. Louie introduced members of her staff: Charlotte Meister, Sam Shindler, Mariana Valdez, and Dana Van Gorder.

Ms. Louie reviewed the following:

- Departmentwide labor force data
- Labor force information by DPH three major divisions
- Underutilization statistical information of the administrative job category over a 10-year period, and
- Department's affirmative action program activities for fiscal years 1997-98 and planned activities for 1998-99

President Monfredini complimented staff for an excellent, clear and comprehensive report.

Commissioner Guy acknowledged the need to outreach the American Indian community.

Commissioner Sanchez suggested a couple of Native American and Hispanic professional groups as resources for outreach in these two communities.

7) CONSIDERATION OF A RESOLUTION FOR LEAD ORDINANCE COMPLIANCE

Larry Meredith, Ph.D., Director of Community Health Promotion and Prevention, presented the 1998 Director of Health's Annual Report on the Comprehensive Environmental Lead Poisoning Prevention Program, as mandated by Health Code Article 26, Section 1609. The report outlines current policy and practice issues on preventing childhood lead poisoning for the City as a whole, as well as for specific City agencies. Each agency is assessed as to how well they have ensured lead prevention education for clients who are parents of young children, and how well they have ensured lead-safe public facilities. For a copy of the full report, contact the Commission Office at 554-2666.

Karen Cohn, Coordinator for Lead Prevention Programs, reported the key findings:

- Amongst one and two year olds, there are six zip codes in San Francisco, where surveillance data shows 12-16% of children tested have elevated blood lead levels greater than or equal to tem micrograms per deciliter (the Centers of Disease Control level of concern), over the 1991-97 time period.

- The Childhood Lead Prevention Program still faces two major obstacles in assessing the extent of childhood lead poisoning in our community:

  - Less young children are tested for lead poisoning than is warranted, a Targeted Lead Screening Policy will soon be issued to address this gap.
  - Universal data capture does not exist until the State issues regulations requiring laboratories to provide electronic reporting of all lead test, not just those elevated above 25 micrograms per deciliter.

- Extensive community education efforts by the Department of Public Health, as well as many other governmental and private agencies, have made an impact on public awareness of lead hazards and lead poisoning prevention.

- Case management services provided to lead-poisoned children, as well as the associated enforcement program requiring that property owners repair lead hazards identified during case investigation, are both working effectively.

- Due to the extent of lead paint, dust and soil hazards in San Francisco, greater resources and incentives are needed for property owners to conduct primary prevention lead hazard reduction.

Ms. Cohn stated the data being collected is as good as it gets. She reported there are three targeted screening groups:

- present CHDP patients
- 1-2 year olds
- 3-6 year olds

Public Speakers: Neil Gendel, Healthy Children Organizing Project

Commissioner Guy observed that the role of schools appears to be less than collaborative.

The Department has a good working relationship with school line staff, but the school District does not respond. The School District is also not adequately staffed.

Action Taken: The Commission adopted Resolution #37-98, "Endorsing the Findings and Recommendations on the 1998 Director of Health's Annual Report on the Comprehensive Environmental Lead Poisoning Prevention Program", (Attachment B).

8) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Michael Petrelis, AIDS Accountability Project

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission voted to hold a Closed Session.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

NAME OF CASE:	**DENNIS TODD ROBERTS V. CCSF ET AL** **CASE NO. 985-362** **$15,000 PROPOSED SETTLEMENT**

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   Action Taken: The Commission approved the settlement for $15,000.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

   Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

EXECUTIVE SUMMARY

LABOR FORCE OVERVIEW
DEPARTMENT-WIDE

Below is an analysis of the Department's labor force statistics for fiscal year 1997-98. Included with this report is the following information:

- Department-wide labor force data;
- Labor force information by DPH's three (3) major divisions;
- Under-utilization statistical information by job categories Department-wide and by division;
- Comparative labor force information of the administrative job category over a ten (10) year period.

As of June 30, 1998, the Department employed 5914 employees. The Department continues to maintain a diversified labor force. For more than nine years, the Health Department was a bit deficient in its employment of Hispanic employees:

1989	10.9%	1994	11.7%
1990	11.1%	1995	12.0%
1991	11.2%	1996	11.9%
1992	11.8%	1997	12.5%
1993	11.7%	**parity**	**12.7%**

However, one of the Affirmative Action activities for this last fiscal year was to revamp the Health Department's recruitment and selection efforts to ensure continued diversification of staffing within the Department. This included, but was not limited to, closer monitoring of the Department's overall recruitment and selection efforts. As selections were made throughout the year, this office reminded managers of the under-utilization of targeted groups within their work areas. Managers were asked to cooperate in the Department's overall recruitment and selection goals. The results of these efforts increased the labor force of Hispanic employees by 103% of its goal (establishing the labor force in the Department of Health for 1998 as 13.1%, 0.4% above parity). The only group under-utilized in the Department overall are American Indians. This group is 0.1% of the Department's labor vs. 0.5% of the San Francisco/Bay Area available labor.

1998 DPH Labor Force

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/98	1669 28.2%	902 15.3%	773 13.1%	1010 17.1%	1553 26.2%	7 .1%	1906 32.0%	4008 68.0%	5914 100%
1990 LABOR FORCE AVAILABILITY SF Bay Area	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

ADMINISTRATORS

Labor Force Information Of DPH Administrators Category For A Ten Year Period

In the last ten (10) years (1989-1998), the Department has maintained a trend of reducing the number of administrative positions. In 1989 administrative positions were 170. As of June 1998, the number of administrative positions was 128.

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/89	95	24	15	27	8	1	71	99	170
	55.9%	14.1%	8.8%	15.9%	4.7%	0.6%	41.8%	58.2%	100%
06/30/98	74	26	22	21	3	0	75	71	146
	50.7%	17.28%	15.1%	14.4%	2.0%	0.0%	51.0%	49.0%	100%
1990 Parity		9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

The only under-utilized groups in the Administrator category department-wide are Filipinos and American Indians.

As of June 1998, the Health Department's executive staff includes the following positions and individuals:

Director of Health	European American	male
Affirmative Action/EEO Programs Director	Asian	female
Chief Financial Officer	European American	female
Director of External Affairs	European American	female
Director of Population Health and Prevention	European American	male
Executive Administrator, Community Health Network	African American	male
Human Resource Director	European American	male
Policy and Planning Director	African American	female
Special Assistant	Hispanic	female
Director, Office of Integrated Care	African American	male

Of the executive group, five (5) or 50.0% are people of color and five (5) or 50.0% are women.

WORK FORCE COMPOSITION AT THE DIVISION LEVEL

Below is an overview of the labor force information of the Health Department's three (3) divisions: Central Administration (82), Population Health and Prevention (82)[1] and Community Health Network (81)[2].

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[1] Population Health and Prevention Division include the following programs: Bureau of Environmental Health Management, Community Health Services Administration, Disease Control and AIDS, Employee Assistance

Central Administration

The Central Administration Division has a work force of 90 employees (1.5% of the Department's total work force). Central Administration labor force is above parity with respect to African Americans, Asians, Filipinos and women. Hispanics, and American Indians are under target as indicated below.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.1%	9.1%	166%
HISPANIC	**7.8%**	**12.7%**	**61%**
ASIAN	18.9%	11.1%	170%
FILIPINO	15.6%	4.2%	371%
AMERICAN INDIAN	0.0%	0.5%	0%
WOMEN	51.0%	46.0%	111%

Population Health and Prevention

Population Health and Prevention, with a work force of 1224 employees (20.7% of the Department's total work force) is significantly above parity for African Americans, Hispanics, Asians, Filipinos and women. American Indian group is underrepresented as shown.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	11.8%	9.1%	130%
HISPANIC	19.0%	12.7%	150%
ASIAN	23.0%	11.1%	207%
FILIPINO	10.6%	4.2%	252%
AMERICAN INDIAN	**0.1%**	**0.5%**	**20%**
WOMEN	60.0%	46.0%	130%

Community Health Network

The Community Health Network with a work force of 4600 employees (77.8% of the Department's total work force) is above parity division-wide, in all targeted ethnic and gender categories except for Hispanics and American Indians.

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[2] Community Health Network Division includes the following programs: Forensics, Laguna Honda Hospital, Primary Care Health Centers and San Francisco General Hospital.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	16.1%	9.1%	177%
HISPANIC	**11.6%**	**12.7%**	**91%**
ASIAN	15.5%	11.1%	140%
FILIPINO	30.6%	4.2%	729%
AMERICAN INDIAN	**0.1%**	**0.5%**	**20%**
WOMEN	70.0%	46.0%	152%

SPECIAL AFFIRMATIVE ACTION PROJECTS
FISCAL YEAR SUMMARY 1997-98

- Supported work groups within the Health Department with the impacts of department-wide organizational restructuring. This will included, but was not limited to organizational development and team building consultation, facilitation and training to new restructured subdivisions within the Population Health and Prevention and Community Health Network divisions.

- Revamped the Health Department's recruitment and selection efforts to ensure continued diversification of staffing within the Department. This included, but was not limited to closer monitoring of the Department's overall recruitment and selection effort, and working more closely with the department's Human Resource Services Operations division's recruitment coordinator.

- Provided support to the division of Mental Health's cultural competency efforts by providing direct training and train-the-trainer support for the basic Diversity Awareness/Cultural Competency training module that was offered to Mental Health staff and Mental Health contractors.

- Developed and implemented a comprehensive disability accommodation protocol for Health Department employees with disabilities and programs in order to enable the parties (1) to process requests in a more efficient and timely manner; and (2) to better facilitate programmatic needs with limited interruption.

- Continued to assist other City departments with EEO/Affirmative Action investigation and their EEO and sexual harassment training needs.

AFFIRMATIVE ACTION ACTIVITIES FOR FISCAL YEAR 1998-1999

- Re-establish the Department's African American Health Services Specialist designation and certification program and schedule a department-wide training session for departmental staff.

- Assist with the development and implementation of the Department's Violence in the work Place Management Response Team, Reporting Protocols and staff training.

- Plan for a Lesbian Health Summit. Fundraising to support an innovative media based community mental health initiative called, "The Unexamined Life is Totally Unfabulous", which examines psychosocial issues contributing to risk taking by gay and bisexual men.

- Assist the Laguna Honda Hospital Training Implementation Team to develop an "Interdisciplinary Competency-Based Education Program" pursuant to DOJ compliance.

- The EEO Unit currently makes active efforts to foster a culture of respect, that goes beyond the Department's EEO Policy of non-discrimination, by providing training sessions in Diversity Awareness and Cultural competency. This year two new EEO training modules will be developed to expand this effort: "Respect vs. Harassment" and "Leadership as an Influence Relationship". The modules will include information and skill practice needed for working together respectively and productively, as well as for healing work relationships when conflicts do occur.

- Continue EEO consultation, facilitation, and training services to other departments' citywide on the EEO law and diversity issues.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 37-98

ENDORSING THE FINDINGS AND RECOMMENDATIONS OF THE 1998 DIRECTOR OF HEALTH'S ANNUAL REPORT ON THE COMPREHENSIVE ENVIRONMENTAL LEAD POISONING PREVENTION PROGRAM

WHEREAS, the Department of Public Health is mandated *by Health Code Article 26, Section 1609* to monitor City departments compliance with the Comprehensive Environmental Lead Poisoning Prevention Program; and,

WHEREAS, the Director of Health is further mandated to submit to the Board of Supervisors a report detailing findings and recommendations to improve compliance with the program; and,

WHEREAS, the Health Commission has reviewed the report for 1998 and concurs with its findings and recommendations; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby urge the Board of Supervisors to accept the 1998 Director of Health's Annual Report on the Comprehensive Lead Poisoning Prevention Program as the basis for ensuring improved compliance.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 1, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

/15/98

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

December 15, 1998
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 1, 1998**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN-Office of Managed Care** – Request for approval of retroactive renewal contract with UCSF Stanford Healthcare for the provision of tertiary care services in the amount not to exceed $1,700,000 for the period of July 1, 1998 through June 30, 1999.

(3.2) **Central Administration** - Request for approval to accept and expend a new one-year grant in the amount of $119,250 from the California HealthCare Foundation to complete planning for a long-term integration pilot project for the period of January 1, 1999 to December 31, 1999 and for the same time period, sole source approval for a new contract with the Haight-Ashbury Free Clinics, Inc. in the amount of $113,570 to provide fiscal agent services to administer the grant.

(3.3) **PHP-CMHS** – Request for approval to accept retroactively and expend a renewal grant in the amount of $96,658 from the Miriam and Peter Haas Fund to provide an integrated model of targeted consultation for the period of April 1, 1998 to March 31, 1999.

(3.4) **PHP-CSAS** – Request for approval of retroactive renewal contract with San Francisco Pretrial Diversion Project, Inc. (SFPDP) in the amount of $62,948 for the provision of substance abuse court diversion/referral services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFPDP for services totaling $61,115 during FY 1997-98).

(3.5) **PHP-CMHS** – Request for approval of retroactive renewal contract with Saint Mary Pharmacy Management Services (SMPMS) in the amount of $1,850,691 to provide community-based pharmacy services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SMPMS for services totaling $1,673,691 during FY 1997-98).

(3.6) **PHP-CMHS** – Request for approval of retroactive renewal contract Progress Foundation (PF), in the amount of $5,716,045 to provide 24-hour residential, partial day and case management services for the period of July 1, 1998 through June 30, 1999 (DPH contracted with PF for services totaling $5,328,757 during FY 1997-98).

(3.7) **PHP-CSAS** – Request for approval of retroactive renewal contract with Asian American Recovery Services (AARS) in the amount of $1,318,047 per year to provide substance abuse residential, prevention, day treatment, intake and outreach services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with AARS for services totaling $1,376,745 during FY 1997-98).

(3.8) **PHP-CSAS** – Request for approval of retroactive multi-year contract renewal with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.) (CATS) in the amount of $2,961,158 to provide transportation and residential substance abuse treatment services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CATS for services totaling $3,861,190 during FY 1997-98).

(3.9) **PHP-CSAS** – Request for approval of retroactive contract renewal with Horizons Unlimited of San Francisco, Inc. (HUSF) in the amount of $1,212,673 to provide outpatient, prevention and day treatment substance abuse services to youth and young adults for the period of July 1, 1998 through June 30, 1999. (DPH contracted with HUSF for services totaling $1,316,337 during FY 1997-98).

(3.10) **PHP-CMHS** – Request for approval of retroactive multi-year contract renewal with Richmond Area Multi-Services, Inc. (RAMS) in the amount of $2,053,295 per year to provide multi-lingual mental health services to residents of San Francisco for the period of July 1, 1998 through June 30, 2002. (DPH contracted with RAMS for services totaling $1,242,237 during FY 1997-98).

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(3.12) **PHP-CSAS** – Request for approval of retroactive renewal contract with Bay Area Addiction, Research and Treatment, Inc. (BAART) for the period of July 1, 1998 through September 30, 1998, and new contract with Addiction Research and Treatment, Inc. dba BAART for the period of October 1, 1998 through June 30, 1999, to provide Methadone maintenance and counseling services for the combined total amount of $4,329,178 for the period of July 1, 1998 through June 30, 1999. (DPH contracted with BAART for services totaling $3,462,262 during FY 1997-98).

(3.13) **PHP-HIV Services** – Request for approval of retroactive renewal contract with Regents of the University of California, UCSF/AIDS Health Project in the amount of $94,172 for the provision of Ward 86 mental health services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

(3.14) **PHP-HIV Prevention** – Request for approval of new contract with Black Coalition on AIDS, Inc. (BCOA), as fiscal agent for New Village, in the amount of $86,379, for the provision of HIV prevention services for the period of December 30, 1998 through December 29, 1999. (DPH contracted with BCOA for services totaling $914,604 during FY 1997-98).

(3.15) **PHP-CMHS** – Request for approval of retroactive renewal contract with San Francisco Study Center (SFSC) in the amount of $391,826 per year to provide management and fiscal intermediary services for the Office of Self Help, the Socialization Program (STEP) and the Center for Special Problems for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SFSC for services totaling $521,662 during FY 1997-98).

(3.16) **PHP-CHPP** - Request for approval of sole source and new contract with San Francisco Study Center (SFSC) in the amount of $550,000 for the provision of asthma prevention and case management, breast and cervical cancer outreach and education, one-time studies, health assessments, and the establishment of a non-profit umbrella organization to address the unmet health needs of the Bayview/Hunters Point community for the period of January 1, 1998 through June 30, 2000. (DPH contracted with SFSC for $521,662 in FY 1997-98.)

(3.17) **PHP** – Status Report on Catholic Charities' compliance with Health Commission Policy #24.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR DECEMBER 1998**

6) **CONSIDERATION OF PROPOSED BYLAWS FOR THE COMMUNITY HEALTH NETWORK MEDICAL PRACTICE GROUP**

7) **TIME SPECIFIC 3:45 P.M.: REPORT ON HOMELESS DEATH REVIEW, 1998**

8) **PRESENTATION OF THE DEPT. OF PUBLIC HEALTH ANNUAL REPORT**

9) **PRESENTATION OF ENVIRONMENTAL HEALTH INDICATORS FOR SAN FRANCISCO**

10) **PRESENTATION OF BACKGROUND AND OPTIONS FOR REBUILDING LAGUNA HONDA HOSPITAL**

11) **OTHER BUSINESS/PUBLIC COMMENTS***

12) **CLOSED EXECUTIVE SESSION:**

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

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* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. **RAY RIVERA V. CCSF, SUPERIOR COURT CASE #989-490**
   PROPOSED SETTLEMENT: $15,000

2. **STEPHANIE COBB V. CCSF, SUPERIOR COURT CASE #992-002**
   PROPOSED SETTLEMENT: $7,500

D. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
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HEALTH COMMISSION
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 15, 1998
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 1, 1998

Action Taken: The Commission unanimously adopted the minutes of December 1, 1998.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-Office of Managed Care** – Request for approval of retroactive renewal contract with UCSF Stanford Healthcare for the provision of tertiary care services in the amount not to exceed $1,700,000 for the period of July 1, 1998 through June 30, 1999.

Commissioner Sanchez encouraged the contractor to include a timeline and specific actions in its compliance plan.

Commissioner Barnes looks forward to hearing about progress towards compliance.

(3.2) **Central Administration** - Request for approval to accept and expend a new one-year grant in the amount of $119,250 from the California HealthCare Foundation to complete planning for a long-

term integration pilot project for the period of January 1, 1999 to December 31, 1999 and for the same time period, sole source approval for a new contract with the Haight-Ashbury Free Clinics, Inc. in the amount of $113,570 to provide fiscal agent services to administer the grant.

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Commissioner Hill raised the question of the need to increase the number of Board members because the contract amount is significant.

(3.13) **PHP-HIV Services** – Request for approval of retroactive renewal contract with Regents of the University of California, UCSF/AIDS Health Project in the amount of $94,172 for the provision of Ward 86 mental health services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with UCSF for services totaling $14,794,533 during FY 1997-98).

Commissioner Sanchez abstained on this item due to conflict of interest.

Commissioner Barnes requested President Monfredini re-issue her original letter to the U.C. Regents on Policy #24 since a new Governor has been elected.

Commissioner Hill requested an update be brought back in 90 days (March 16, 1999).

(3.14) **PHP-HIV Prevention** – Request for approval of new contract with Black Coalition on AIDS, Inc. (BCOA), as fiscal agent for New Village, in the amount of $86,379, for the provision of HIV prevention services for the period of December 30, 1998 through December 29, 1999. (DPH contracted with BCOA for services totaling $914,604 during FY 1997-98).

An overview of a transgender project in the African American community was presented.

(3.15) **PHP-CMHS** – Request for approval of retroactive renewal contract with San Francisco Study Center (SFSC) in the amount of $391,826 per year to provide management and fiscal intermediary services for the Office of Self Help, the Socialization Program (STEP) and the Center for Special Problems for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SFSC for services totaling $521,662 during FY 1997-98).

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Public Speaker: Ena Aguirre supported the contract and encouraged the hiring of neighborhood residents.

(3.17) **PHP** – Status Report on Catholic Charities' compliance with Health Commission Policy #24.

Bob Prentice gave an update on discussions with Catholic Charities administration and staff.

Commissioner Barnes thanked Dr. Prentice and Mr. Frank Hudson (Catholic Charities CEO) for their efforts. She also acknowledged the letters from Catholic Charities employees.

Although she would not advocate this methodology, she feels that the compliance requirements have been met.

Commissioner Hill thanked all of the parties involved. Although he would not see this methodology as a regular practice, he felt that the contractor is on the right track and looks forward to the submission of more letters in order to assess the demographic data.

Commissioner Sanchez commented that this volunteer effort to obtain the demographics is a different methodology; but he looks forward to additional letters from employees. He proposed that a deadline date of January 20, 1999 be imposed to receive letters from employees. The Department will then be able to assess the progress towards compliance to Policy #24.

Public Speaker: Frank Hudson, CEO of Catholic Charities, supported this methodology of compliance towards Policy #24.

Commissioner Guy proposed #3.15 be continued to January 1999 because the follow-up report to Policy #24 was not submitted by the deadline indicated in the monitoring report.

Commissioner Chow raised the question of the criteria used to determine the use of a fiscal intermediary for #3.2. An explanation in the Commission packet would be helpful.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.15, which will be continued to January 1999. Commissioner Sanchez abstained on #3.13.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Provides information on activities and operations of the Department).

ADMINISTRATION

Healthy People 2010

The U.S. Department of Health and Human Services (DHHS) is currently in the process of developing *Healthy People 2010* health promotion and disease prevention goals for the nation. Healthy People objectives were first established in 1979 and are meant to serve as a guide for national health policies. The overall goals of *Healthy People 2010* are to increase the quality of a healthy life among Americans, and to eliminate health disparities among racial/ethnic groups.

Last week, DHHS convened a regional meeting on the proposed 2010 objectives and public health infrastructure. The draft version of *Healthy People 2010* includes more than 530 specific objectives within 26 health categories, such as maternal child health, access, health services, environmental health and medical product safety. The meeting was held to foster input from individuals and organizations on *Healthy People 2010.* Department staff attended the meeting.

State and local health agencies, and community agencies conveyed the following themes during the public testimony:

- The lack of data sources, both availability and reliability, especially at the local level, to track a state or locality's progress in comparison to *Healthy People 2000 and 2010* objectives.

- Concerns that the proposed objectives were too numerous and cumbersome for widespread use by policymakers and the general public. There were also concerns that the objectives should be broadened to incorporate community-wide indicators such as poverty, employment, community safety, and other factors that have a significant impact on community health.

- States and localities have made some progress in integrating *Healthy People 2000* objectives into their assessment and program development efforts, but use of the objectives are not as widespread as they should be.

The Department will continue to track the development of *Healthy People 2010* and comment on the objectives before they are finalized in January 2000.

DPH Personnel Rise to the Challenge During Power Blackout

The Department played an important role during the recent power outage experienced by San Francisco and surrounding counties on December 8, 1998. Patient care at DPH inpatient facilities continued uninterrupted and outpatients were appropriately triaged and transported when necessary. The Emergency Operations Center at 101 Grove swung into operation shortly after the disaster declaration by the Mayor's Office of Emergency Services and coordinated efforts by other DPH facilities to cope with the circumstances. As the day wore on, all staff remained calm and professional and the care and concern exhibited for patients, clients and each other was remarkable. I recommend that each employee utilize this opportunity to review their own personal survival plan in case of disaster (including having an office disaster preparedness kit with flashlight and batteries), and that each section critique the performance of their internal disaster plan and how it functioned during the blackout. The Department remains committed to optimum disaster preparedness in order to carry out our mission in times of crisis to City residents and visitors.

Use of Parking Garage for Needle Exchange

The Department has been involved in a number of efforts to support needle exchange programs in San Francisco. These programs have made a significant contribution in helping to prevent the transmission of HIV infection in the intravenous drug-using community. As part of these ongoing efforts the Department has been working with the San Francisco AIDS Foundation to identify potential indoor locations for the exchange sites; most sites currently operate at outdoor sites.

With the winter rains about to start the Department has offered to host the Civic Center needle exchange site. The site currently operates out of Civic Center Plaza on Monday evenings. This site will be relocated to the parking garage at 101 Grove Street as of Monday, January 4, 1999. The site will only operate for two hours per week, from 7:00 p.m. until 9:00 p.m. on Mondays.

The impact on use of the garage will be minimal. As is current practice, the entrance ramp to the garage will be closed to vehicles after 5:30. Vehicles may still enter or leave the garage through the exit ramp. The entrance ramp and a limited space at the base of the ramp will be used for operation of the needle exchange site from 7:00 p.m. until 9:00 p.m.. Staff and volunteers from the AIDS Foundation will be on site from approximately 6:30 p.m. until 9:15 p.m.. Staff and volunteers will actively monitor the use of the site at all times. Staff, volunteers and clients will not have access to the rest of the building.

POPULATION HEALTH AND PREVENTION

1999-00 RYAN-WHITE (CARE) AWARD: I am delighted to report that Congresswoman Pelosi's Office called us today to tell us that our Title I CARE Award was $36,218,513 for fiscal year 1999-00. This award is only $176,401 less than our award last year. Because of the increased number of EMAs qualifying for CARE, many EMAs received significantly smaller awards than they had in previous years. San Francisco would be expected to have received a significantly smaller award as well because our epidemic declined more rapidly than other cities because of the successful prevention efforts in San Francisco. The fact that our award is so close to our award last year is due to the excellent application that was written by the AIDS Office in collaboration with the HIV Planning (CARE) Council. It is also a testimony to the successful community planning effort that we have through the HIV Planning (CARE) Council.

Profile of Injury in San Francisco, 1998

The "Profile of Injury in San Francisco, 1998," a joint report from the Department, the Trauma Foundation and the UCSF Injury Center at San Francisco General Hospital, was released to the public and the press on December 2, 1998.

The report, compiled every two years, is an overview of injury deaths and hospitalizations in the City and County. This year, the report included a comparison with three other California cities: Oakland, San Jose and Los Angeles. S.F. injury rates were lower than Oakland, but higher than San Jose and Los Angeles.

The report is an important source of information on what and where specific problems exist. For example, it includes maps showing where in the City concentrations of pedestrian, bicycle and firearm injuries have been occurring. It will be an essential tool in our planning process, to reduce injury in San Francisco.

Factors Influencing the Learning and Performance of Bystander CPR in an Urban EMS System

Dr. John Brown, EMS Section Medical Director, will be presenting "Factors Influencing the Learning and Performance of Bystander CPR in an Urban EMS System" in poster format, at the annual meeting of the National Association of Emergency Medical Services Physicians January 8, 1999. Of the 500 cardiac arrests every year in the City, bystanders witness 43% and only 33% of those witnessed have CPR performed prior to EMS units' arrival. The EMS Section has been attempting to determine, through surveys and focus groups, what barriers exist in the City to learning CPR and applying it to those in need. Recommendations from this study will be used to improve CPR and other interventions designed to decrease mortality from cardiac arrest.

Reggie Project

The Reggie Project (also known as the Health Services Research Section) has a new home in Community Health and Safety Services. It will join the Epidemiology and Evaluation Section, directed by Rani Marx, Ph.D., MPH. Reggie is a standardized computer-based client registration system at 68 nonprofit agencies and DPH, that provide health and social services to low income persons living with HIV/AIDS in San Francisco, Marin and San Mateo Counties. Reggie enables clients to register at all agencies by registering only once, and enables service providers and DPH to collect accurate and useful data for care coordination, planning and reporting. Rani Marx has been working in DPH for the past seven years, conducting health services and prevention research. Jan Gurley, MD, the former Director of the Health Services Research Section, is continuing to devote 20% time to this important project, while she cares for a sick family member.

Award Granted to Community Substance Abuse

The San Francisco Community Foundation has granted Community Substance Abuse Services $60,000 for 36 months for the revision and continued development of their Treatment on Demand Plan. This plan is developed in conjunction with the Treatment on Demand Council and identifies prioritization and policy issues for the development of a Treatment on Demand system of care. Congratulations to CSAS for this award.

COMMUNITY HEALTH NETWORK

DOJ to Visit Laguna Honda

The Hospital received confirmation this week that the Department of Justice (DOJ) will be returning to visit LHH from January 13-15, 1999. This visit is a continuation of the DOJ's investigation regarding the civil rights of institutionalized persons. Preparation for the DOJ visit is underway at the Hospital. I will keep the Commission informed.

Special Holiday Show for Residents

LHH Volunteers Inc. is sponsoring the Annual Holiday Show for LHH residents on Friday, December 18th at 2:00 p.m. in Simon Auditorium. This gala variety show is one of the highlights of the year for the LHH residents. All Commissioners are invited to attend the show.

SFGH 4th Quarter Board Report

New Appointments	15
Reappointments	15
Delinquencies	0
Reappointment Denials	0
Resigned/Retired	9
Disciplinary Actions	0
Restriction/Limitation-Privileges	0
Changes in Privileges Additions	0
Voluntary Relinquishment	3
Current Statistics – 12/3/98	
Active Staff	360
Affiliate Professionals (non-physicians)	121
Courtesy Staff	596
Referring Staff	29
Total	**1106**
Applications in Process	**53**

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR DECEMBER 1998

President Monfredini presented the December Employee Recognition Awards to the following:

Individual	Division	Nominated by
Haroon Ahmad	PH&P/Comm. Health Promotion	David Lo
Ishmael Bihl	PH&P/Comm. Health & Safety	Peter Vaernet
Luis Hernandez	PH&P/Comm. Health & Safety STD Early Care Clinic	Toni Butler, Clinical Operations Manager
Rebecca Shaw	PH&P/Comm. Health & Safety STD Registration Unit	Toni Butler
John Tambis	PH&P/Comm. Health & Safety STD Early Care Clinic	Veronica Davila

Team	Division	Nominated by
Carlos Rendon and Staff Rod Auyang and Staff Regina Pera and Staff	Population Health & Prevention, Operations Central Admin.	Ed Gazzano, Director of Human Resources, and Bob Prentice, Director of Population Health & Prev.

City Attorney Louise Renne appeared before the Commission to express her support to rebuilt Laguna Honda Hospital, using funds from the tobacco settlement. She has been asked by the Mayor to spearhead the planning for the rebuilding of Laguna Honda Hospital. Ms. Renne stated she will be working closely with Dr. Katz and his staff. She gave an overview of the recent tobacco settlement and stated that the City can begin planning now on how to spend the tobacco monies.

6) CONSIDERATION OF PROPOSED BYLAWS FOR THE COMMUNITY HEALTH NETWORK MEDICAL PRACTICE GROUP

Dr. Robert Okin, Interim Chairman of the Medical Practice Group, presented the proposed bylaws for the CHN Medical Practice Group. The Medical Practice Group will serve as the collective and independent voice of the providers in making recommendations regarding matters such as policy, budget, high level personal decisions, space allocation, and managed care activities to the CHN Leadership Group.

The proposed Medical Practice Group will include providers from the community-oriented Primary Care Clinics, Forensics services, Laguna Honda Hospital, and San Francisco General Hospital. Therefore, providers throughout the CHN continuum of care will be members of the MPG and will be represented on the MPG's Executive Committee.

Commissioner Chow recommended an amendment to the proposed resolution of approving the bylaws for the MPG.

Commissioner Guy expressed her support for inclusion of the Consortium Clinics in the bylaws. She strongly encouraged the Department to have a timetable for an affiliation with the Consortium.

Tony Wagner, CHN Executive Administrator, indicated the CHN is working on an affiliation with the Consortium, with a goal date for completion of June 30, 1999.

Action Taken: The Commission adopted Resolution #38-98, "Approving the Formation of the Medical Practice Group of the Community Health Network", (Attachment A).

7) TIME SPECIFIC 3:45 P.M.: REPORT ON HOMELESS DEATH REVIEW, 1998

Dr. Tomas Aragon, Director of Community Health Epidemiology Section, presented the 1998 Report on Homeless Death Review. For a copy of the report, contact the Commission Office at 554-2666.

The findings were:

- For the period December 1,1997 through November 30, 1998, 157 homeless deaths were identified from Medical Examiner records. Over the past eight years (1990-1997), the annual number of homeless deaths averaged 118 per year.

- This year's annual review marks the highest number of homeless deaths in the past eight years. There were 103 deaths in 1990, 110 deaths in 1991, 125 deaths in 1992, 98 deaths in 1993, 113 deaths in 1994, and 138 deaths in 1995, 154 deaths in 1996, and 104 deaths in 1997.

- The average age of those dying homeless during 1998 was 42.3 years overall, with an average of 38.7 years for females and 42.9 years for males.

- Twenty-two (14%) of those dying were female, 134 (85%) were male and one was transgender (less than 1%).

- The ethnic distribution among the 134 males was 56% white, 25% African American, 12% Latino, 2% Asian and 5% unknown; and among 22 females 50% white, 41% African American, 5% Latino, and 4% unknown. The ethnicity of the only transgender was white. For 1998, the estimated ethnic distribution for San Francisco was 43% white, 11% African American, 16% Latino, 31% Asian/other.

- Drug Poisoning remained the leading cause of death among homeless people (62). Accidents claimed 13 lives and alcohol use 10. Heart disease and suicide accounted for 7 each, severe infection 4, and other causes 10.

- At the time of this report, the cause of deaths was known for 141 persons. Of these deaths, 86 deaths were attributed to drugs or alcohol use: 40 deaths involved heroin (27 of these deaths involved heroin in combination with other substances), 11 deaths involved cocaine, 23 deaths involved other poly-drug overdose, and 19 deaths involved alcohol (10 only alcohol).

- One hundred and forty-seven homeless deaths were evaluated for the presence of drugs or alcohol. Of these, 43 (29%) did not have drugs or alcohol present at the time of death, 21 (14%) showed the presence of alcohol only, 72 (49%) had the presence of drugs only, and 11 (7%) had the presence of both drugs and alcohol.

- Of the seventy deaths (47%) that occurred outdoors, the cause of death for 63 decedents was known (the leading cause of death was drug poisoning claiming 28 lives, the second leading cause of death was accidents accounting for 12 deaths, alcohol use accounted for 6 deaths). Fifty deaths occurred indoors. Of the remainder: 16 died in hospitals, 11 died in homeless shelters, and 2 died in jail. In eight cases the location could not be determined.

- Eighty-two deaths occurred during the six-month span of December 1997 through May 1998 - the months of heavy rainfall attributed to El Niño. During the other six-month span of June 1998 through November 1998 there were 70 homeless deaths.

- Homeless deaths, while still concentrated in some of the poorer areas of the City (94 deaths or 63% in the Tenderloin, Inner Mission and South of Market combined), occurred in 29 different neighborhoods throughout San Francisco. The neighborhoods experiencing the highest number of homeless deaths were the Tenderloin with 36 deaths, the Inner Mission with 35 deaths, and the South of Market with 23 deaths. Since last year, the number of homeless deaths doubled in the Tenderloin (from 17 to 36 deaths) and South of Market (from 12 to 24 deaths). The other 26 neighborhoods experienced anywhere from 1-9 deaths.

Arnette Watson, member of the Community Advisory Board for the Homeless Death Prevention Project, emphasized the human side of the homeless death statistics.
Commissioners' Comments:

- Annualization of this report can be used for program planning
- Analysis and recommendations are still the same; this is a public health crisis
- Need to look at earlier interventions
- Need to track the causes in a longitudinal fashion
- The public needs to be informed of the costs for treatment on demand, housing, and mental health
- Veterans represent a large segment of the homeless population
- This is an excellent but sad and sobering report

8) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Joanne Kimata of the Policy and Planning Division presented the Annual Report. The report reflects the Department's core activities, including assessing and researching the community's health, developing and enforcing health policy, and providing quality health services.

For a copy of the report, contact Joanne Kimata at 554-2636.

The report includes the following:

Message from the Director
Health Commission
Organizational Chart
Hearing from You
Assess and Research the Community's Health
Develop and Enforce Health Policy
Provide Quality Health Services
Partner with the Community
The Department's Advisory Groups
The Department's Contractors
Demographics of our City
Health Status of San Franciscans
The Department's Clients and Services
1997-98 Financial Information
The Department's Workforce

Commissioner Barnes complimented Dr. Katz, his senior staff, and frontline staff for all of their good work.

Commissioner Guy raised the question on distribution of the report.

Commissioner Chow encouraged the Department to have the report on the Website for the whole year.
President Monfredini thanked Ms. Kimata for an excellent, comprehensive report.

9) PRESENTATION OF ENVIRONMENTAL HEALTH INDICATORS FOR SAN FRANCISCO

Dr. Rajiv Bhatia presented an annual data summary on environmental health. He reviewed some key points which were:

- Environmental Health Section activities are guided largely by State, Federal and local regulations and mandates. These regulations focus on consumer protection (food and water), hazardous waste and materials, solid waste and other environmental health risks.

- Air quality nationwide is improving and San Francisco's air quality is quite good relative to many parts of the nation. However, new studies continue to detect health problems at the lower levels of air pollution, and data regarding non-criteria air pollutants is limited. Thus, ongoing efforts in research, pollution control, and standard setting are necessary.

- San Francisco's water is safe for drinking, based on established standards. Ongoing examination of the water supply is critical, as microorganisms that transmit disease may not always be measurable by existing monitoring systems. In addition, historic contamination of the San Francisco Bay will be an ongoing concern even though there are controls on the introduction of new pollutants.

Certain groups bear a greater burden of adverse environmental risk factors while they also have less access to positive attributes of the environment. The Department of Public Health will continue to pursue research and develop initiatives to address environmental justice concerns.

Note: Commissioner Barnes left at 5:40 p.m.

10) PRESENTATION OF BACKGROUND AND OPTIONS FOR REBUILDING LAGUNA HONDA HOSPITAL

Dr. Katz gave an overview of a white paper on Laguna Honda Hospital, as well as the policy options regarding its future. (Attachment B). For a copy of the complete white paper, contact the Commission Office at 554-2666.

Dr. Katz would like to bring to the Commission a consensus on the right size for a new Laguna Honda Hospital.

Public Speakers:

Jason Hataye, SFGH volunteer
Sister Miriam Walsh
Kay Bromley, LHH volunteer
Gil Thomally, Committee to Save LHH
Joan Braconi, Local 250
Virginia Leishman

Doris Mitchell, Local 250
Jeff Sheehy, Committee to Save LHH
Donna Calame, citizen advocate for long term care
Norm Burns, Local 790

All of the speakers supported a 1200-bed capacity. Ms. Calame advocated for more support for community-based services and alternatives to institutionalization.

President Monfredini thanked Dr. Katz for an extraordinary white paper. She referred to Health Commission Resolution #28-98 which was adopted on July 21, 1998 and promotes 1200 beds for Laguna Honda Hospital.

Commissioner Barnes is in support of rebuilding Laguna Honda Hospital.

Commissioner Guy expressed her support to rebuild Laguna Honda Hospital at the 1200-bed level. She strongly encouraged the AB 1040 Task Force to discuss the issue on the number of beds and bring a recommendation forward to the Commission. She also requested a progress report from the AB 1040 Task Force in February.

Commissioner Chow would like to create a dialogue within the AB 1040 Task Force and with the public. He also wants information from existing counties on their long term care policies and what exactly are the county's obligations for long term care. He encouraged the Department to gather comparative costs with other counties. The financing through revenue bonds instead of a general obligation bond should be analyzed.

Commissioner Sanchez thanked the public speakers. He also referred to Health Commission Resolution #28-98.

Commissioner Hill thanked the public for its input to the Commission. He reaffirmed Health Commission Resolution #28-98.

Commissioner Parker expressed his appreciation to Dr. Katz for outlining the options. Commissioner Parker is in favor of rebuilding Laguna Honda Hospital at a minimum of 1200 beds and up to 1500 beds based on the needs in the future. He also commented on the need for creativity to have funds for replacement programs and to come up with other ways to promote health.

President Monfredini indicated no policy decisions are to be made today. There will be other public meetings to discuss the white paper. She thanked Dr. Katz for his excellent presentation.

11) OTHER BUSINESS/PUBLIC COMMENTS

None

12) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a Closed Session.

The Commission went into Closed Session at 5:35 p.m.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. **RAY RIVERA V. CCSF, SUPERIOR COURT CASE #989-490**
   PROPOSED SETTLEMENT: $15,000

2. **STEPHANIE COBB V. CCSF, SUPERIOR COURT CASE #992-002**
   PROPOSED SETTLEMENT: $7,500

D. RECONVENE IN OPEN SESSION:

The Commission came out of Closed Session at 5:58 p.m..

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   Action Taken: The Commission approved the $15,000 settlement for Ray Rivera V. CCSF, Superior Court Case #989-490.

   Action Taken: The Commission approved the $7,500 settlement for Stephanie Cobb V. CCSF, Superior Court Case #992-002.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

   Action Taken: The Commission voted to not disclose any discussions held in Closed Session.

The meeting was adjourned at 6:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 38-98

APPROVING THE FORMATION OF THE MEDICAL PRACTICE GROUP OF THE COMMUNITY HEALTH NETWORK

WHEREAS, the City and County of San Francisco, Department of Public Health, has reorganized to create an integrated health care delivery system; and,

WHEREAS, the Department of Public Health delivery system, named the Community Health Network of San Francisco (CHN), includes primary care, emergency services, specialty services, acute care, home care, long term care, mental health services, substance abuse services, and forensics; and,

WHEREAS, the providers within the Community Health Network desire to organize themselves into a practice group with a collective and independent voice for making recommendations to the CHN Leadership Group, Director of Health, and Health Commission, regarding matters such as policy, budget, high level personnel decisions, space allocation, and managed care contracting; and,

WHEREAS, the providers propose that this practice group be known as the Medical Practice Group of the Community Health Network; and,

WHEREAS, the Health Commission has previously supported the direction of developing a practice group for the CHN; now, therefore, be it

RESOLVED, that the Health Commission hereby approved the formation of the Medical Practice Group of the Community Health Network, and approves the bylaws of the Medical Practice Group.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 15, 1998.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Executive Summary

This White Paper discusses the current situation at Laguna Honda Hospital and presents the options for rebuilding the institution.

Laguna Honda Hospital is a 1200 bed San Francisco county-run skilled nursing facility (SNF) in the Forest Hills neighborhood. Most Laguna Honda residents require intensive nursing assistance for the activities of daily living: eating, bathing, relieving themselves and dressing. The current average age of a Laguna Honda resident is 72.

The need for long-term care (both community-based and hospital-based) will grow over the next two decades. An estimated 6% of San Franciscans aged 18 – 64 and 23% of San Franciscans over the age of 65 have mobility problems or limitations in caring for themselves. This translates to approximately 57,000 lives in the year 2000. Some of these individuals can be cared for in their homes or in less intensive settings while others will require skilled nursing in institutions such as LHH. By the year 2000 there will be a shortage of 271 SNF beds in San Francisco. Estimates are that this shortage will increase to 2,380 beds by the year 2020 assuming that SNF beds continue to be used at the same rate (i.e., 33 SNF beds for every 1000 persons aged 65 and older). LHH is a critical component of San Francisco's long-term care delivery system.

Although LHH has a well-deserved reputation for providing excellent medical and nursing care, it has been criticized by federal regulators due to the limitations of its physical plant, specifically:

- the principal patient care buildings are 70 to 90 years old and have outlived their useful life,
- LHH's open ward configuration, which accommodates 30 patients in a single room, is not within current federal guidelines which call for housing no more than 4 patients in a single room,
- LHH does not conform to seismic safety standards for hospital construction and was not designed to withstand major earthquakes, and
- needed maintenance has been deferred or under-funded for several years.

The Department has explored several options to ensure that residents have access to needed skilled nursing services. The options are not mutually exclusive and include:

Options Considered

1. Decrease the number of residents (the census) at LHH.
2. Refurbish existing LHH to conform with 4 bed wards and dining/activity areas.
3. Utilize existing beds at acute care institutions.
4. Build several smaller facilities throughout the City.

5. Sell the land of LHH and locate the facility elsewhere in the City where property values are lower.
6. Sell or rent a portion of the land of LHH to obtain additional revenue.
7. Increase use of community-based long-term care options.
8. Place residents who need long-term care out of county.
9. City phases itself out of the institutional long-term care business.
10. Build a new Laguna Honda Hospital at the current Forest Hills site.
    10a. Build a 1200 bed replacement facility.
    10b. Build an 800 bed replacement facility.
11. Pursue State and Federal financing to help rebuild LHH.
12. Use Tobacco Settlement Funding to finance rebuilding of LHH.

The advantages and disadvantages of each option are assessed. As outlined in the briefing paper, many of these options are not advantageous because they might result in an unacceptable reduction in the number of skilled nursing beds or are more costly. Based on the projected need for institutional-based long-term care services and the Department's assessment of each option, the following recommendations are made:

Departmental Recommendations

1. Rebuild LHH on the existing Forest Hills site.
2. Delay seismic upgrade of administrative space until the next city-wide seismic upgrade bond – saving $38 million from original LHH rebuild scenario.
3. Work collaboratively with City's Long Term Care Pilot Project Task Force to increase home and community-based long-term care services and decrease reliance on institutional placements.
4. Use Tobacco Settlement Funding to rebuild LHH.
5. Pursue Federal & State to help cover the the rebuilding costs.
6. Begin to build a consensus on the right size for a new LHH, by arranging a series of input meetings with interested parties including elders and disabled persons, their advocates and service providers, union leaders, members of the business community, and civic leaders. Feedback will be brought to the Health Commission.